CENES MOERUECH & FEDBLOG **60LWEST BROADWAY** LOUISMILLE KY 40202

Cartrada LANDMARK STRINKLER, INC. 2317 FRANKFORT COURT LEXINGTON KY40510

Customer LANDMARKII-CONIRACIS LOUISVILLE KY

Job Number: 141103L Week Ending: 4/10/2015

Deductions ~ Fect. Local Check# Oher Fica Gross Pay HoursWorkedThisJob Soc Sec No. This Job Med Pay 04/04 04/05 04/08 04/09 04/10 04/05 04/07 Class All Jobs State Total Net Pay 774 Rate 9 n WAY! Thu Fii Mbn TI E Mar Exemp. Name / Address Hours Pav

οm  $\alpha \infty$ Recular  $\alpha \infty$ accCertime  $\overline{\alpha}\overline{\infty}$  $\overline{\alpha}$ 

I, BRIDGETTE SMITH (name of signatory part), Payroll Clerk, (Title)

do hereby state:

1] That I pay or supervise the payment of the persons employed by [LANDMARK SPRINKLER, INC.] on the GENE SNYDER USCH & FED BLDG that during the payroll period commencing

oπ 4/4/2015 and ending 4/10/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said LANDMARK SPRINKLER, INC. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below: FICA, FEDERAL, STATE, AND LOCAL TAXES

OTHER: UNIFORMS, UNION DUES, INSURANCE, ETC.

That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR **PROGRAMS** 

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH ---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

**EXPLANATION** 

REMARKS

Fringe benefits are paid to National Automatic Sprinkler Industry Fringe Benefit Funds, 8000 Corporate Drive, Landover, Maryland 20785-2239

Name and title signature BRIDGETTE SMITH/PAYROLL CLERK

The Willful Falsification Of Any Of The Above

Statements May Subject The Contractor Or SubContractor To Civil Or Criminal Prosecution. See Section 1001 Of Title 18 And Section 231 Of Title 31 Of The United States.

NO.

RECEIVED

APR 2 0 2015

DAVID CONSTRUCTION, INC.

MDMARK SPRINKLER, INC.

DATE

GENESYMDER LECTH&FED FLDG 601 WEST BROADWAY LOUISVILLE, KY 40202

Contractor LANDMARKSPRINKLER, INC. 2317 FRANKFORT COURT LEXINGION KY 40510

Customer LANDMARKII-CONTRACTS LOUISMILLE KY

Job Number: 141108L Week Ending: 4/3/2015

— DecLations — Fect. Local Other Check# Fica Gross Pav Hours Worked This Job Stoc Sec No. This Jab Med Pay.  $\frac{03}{29}$ 04/02 04/03 03/28 03/30 U3/31 04/01 Class All Jobs State "Idal Net Pay Τct Rate 9nSat Thu Ηĭ Tæ W Exemp Mar Name / Address Pav രന  $\alpha \infty$ Regular  $\alpha \infty$ 0.000Certime  $\overline{\alpha}\overline{\Omega}$  $\overline{n}\overline{m}$ 

I, BRIDGETTE SMITH (name of signatory part), Payroll Clerk, (Title) do hereby state:

1] That I pay or supervise the payment of the persons employed by [LANDMARK SPRINKLER, INC.] on the GENE SNYDER USCH & FED BLDG that during the payroll period commencing

on 3/28/2015 and ending 4/3/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said LANDMARK SPRINKLER, INC. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below: FICA, FEDERAL, STATE, AND LOCAL TAXES

OTHER: UNIFORMS, UNION DUES, INSURANCE, ETC.

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR **PROGRAMS** 

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH ---Éach laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

EXPLANATION

REMARKS Fringe benefits are paid to National Automatic Sprinkler Industry Fringe Benefit Funds, 8000 Corporate Drive, Landover, Maryland 20785-2239

Name and title signature BRIDGETTE SMITH/PAYROLL CLERK

The Willful Falsification Of Any Of The Above

Statements May Subject The Contractor Or SubContractor To Civil Or Criminal Prosecution. See Section 1001 Of Title 18 And Section 231 Of Title 31 Of The United States

NO.

NDMARK SPRINKLER, INC.

DATE



RECEIVED

APR 1 3 2015

DAVID CONSTRUCTION, INC.

COINS PAYROLL MODULE CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 04/05/15

PAGE

1

USER EMP SECURITY TYPE:

a11

EMPLOYEE (b) (4) M/S EX FEDERAL II

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX



(b) (6) EMPLOYEE NO: (b) (6) CHECK: 60241

UNION:

SKILL LEVEL: 2Q

DE LABORER LABORER LABORER	0	00,00	TUE 00.00 00.00	WED 00.00 00.00	THR 00.00 00.00	FRI 05.25 00.00	SAT 00.00 00.00	SUN 00.00 00.00 00.00	HOURS 005.25 000.00 000.00	RATE 18.570 27.855 27.855	GROSS	HRS THIS CHECK GRSS THIS CHECK (b) (6)	37.25 513.49
												7	

TOTAL COMPANY FRINGES NOT IN PAY

242.63

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 04/05/15

PAGE

2

USER EMP SECURITY TYPE:

all

EMPLOYEE

M/S EX

FEDERAL ID (b) (4)

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

DEWEY, MAHLON D

(b) (6) EMPLOYEE NO:

CHECK: 60244

IINITON.

SKILL LEVEL: 2Q

			03/30	03/31	04/01	04/02	04/03	04/04	04/05		THIS JOB		HRS T	HIS C	HECK	44.00
TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	(b) (6	5)		
05	LABORER	R	00.00	00.00	00.00	00.00	01.00	00.00	00.00	001.00	24.150	24.15				
05	LABORER	0	00.00	00.00	00.00	00.00	04.00	00.00	00.00	004.00	36,225	144.90				
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.225	0.00				
										E228 <b>2</b>	==					
										005.00		169.05				
									•							

TOTAL COMPANY FRINGES NOT IN PAY

(b) (6)

1330 W. Breckinridge St. Louisville, KY 40210 COINS PAYROLL MODULE CERTIFIED WH-347 REPORT PAGE

all

3

USER EMP SECURITY TYPE:

FOR PAY PERIOD ENDING 04/05/15

EMPLOYEE M/S EX
FEDERAL ID: (b) (4)

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

JOB TOTALS

HOURS THIS JOB:	10,25
GROSS THIS JOB:	266.54
GROSS ALL CHECKS:	0.00
REIMBURSABLE ALL CHECKS:	0.00
FRINGES PAID TO EMPLOYEE:	0.00
EIC ALL CHECKS:	0.00
FED WITHHOLD ALL CHECKS:	0.00
FICA 1 ALL CHECKS:	0.00
FICA 2 ALL CHECKS:	0,00
STATE WITHHOLD ALL CHECKS:	0.00
LOCAL WITHHOLD ALL CHECKS:	0.00
OTHER DEDUCTIONS ALL CHECKS:	0.00
TOTAL DEDUCTIONS ALL CHECKS:	0.00
NET ALL CHECKS:	0.00

<sup>\*\*</sup> TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

RUN DATE 04/21/15 06:50:21 DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St. Louisville, KY 40210

COINS PAYROLL MODULE CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 04/19/15

USER EMP SECURITY TYPE:

al1

PAGE

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

SKILL LEVEL: 2Q

타나: 2	J																
			04/13	04/14	04/15	04/16	04/17	04/18	04/19		THIS JOB		HRS T	HIS CH	ECK	27.25	
TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS C	HECK	540.64	
05	LABORER	R	00.00	00.00	02.25	00.00	00.00	00.00	00.00	002.25	18.570	41.78					
05	LABORER	0	00.00	00.00	01.50	00.00	00.00	00.00	00.00	001.50	27.855	41.78					
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00					
										======	==						
										003.75		83.56					

TOTAL COMPANY FRINGES NOT IN PAY

UNION:

SKILL LEVEL: 2Q

√ D.D. i Z	X																
			04/13	04/14	04/15	04/16	04/17	04/18	04/19		THIS JOB		HRS	THIS	CHECK	37	7.00
TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS	S CHECK	743	3.47
05	LABORER	R	00.00	00.00	02.00	01.75	00.00	00.00	00.00	003.75	18.570	69.65					
05	LABORER	0	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00					
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00					
										=====	===	e======					
										003.75		69.65					

#### COINS PAYROLL MODULE CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 04/19/15

PAGE

USER EMP SECURITY TYPE:

JOB: 14-009 US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

TOTAL COMPANY FRINGES NOT IN PAY

UNION:

SKILL LEVEL: 2Q

TRA	DE		04/13 MON	04/14 TUE	04/15 WED	04/16 THR	04/17 FRI				THIS JOB						43.00
						-		SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS	5 CHECK	. 80	02.44
05	LABORER	R	00.00	00.25	03.00	01.50	00.00	00.00	00.00	004.75	18.570	88.21					
05	LABORER	0	00.00	01.75	00.75	00.00	00.00	00.00	00.00	002.50	27.855	69.64					
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00					
										======	==						
										007.25		157.85					

TOTAL COMPANY FRINGES NOT IN PAY

## COINS PAYROLL MODULE CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 04/19/15

USER EMP SECURITY TYPE: all

5

PAGE

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX



UNION:

SKILL LEVEL: 2Q

			04/13	04/14	04/15	04/16	04/17	04/18	04/19		THIS JOB		HRS	THIS	CHECK		29.50
TRA	DE		MOM	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRS5	3 THIS	CHECK	5	47.82
05	LABORER	R	08.00	00.00	07.00	08.00	06.50	00.00	00.00	029.50	18.570	547.82				Ū	.,.02
05	LABORER	0	00.00	00.00	00.00	00.00	00,00	00.00	00.00	000.00	27.855	0.00					
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00					
										======	===	======					
										029.50		547.82					

TOTAL COMPANY FRINGES NOT IN PAY

UNION:

SKILL LEVEL: 2Q

		04/13	04/14	04/15	04/16	04/17	04/18	04/19		THIS JOB		HRS T	HIS C	HECK	29.25
TRA	DE	NOM	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS				635.93
09	TRADESMAN-BRICKLAYER R	00.00	00.00	00.00	00.00	06.25	00.00	00.00	006.25	24.820	155.13			ondon.	033.33
09	TRADESMAN-BRICKLAYER O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.230	0.00				
09	TRADESMAN-BRICKLAYER D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.230	0.00				
12	CEMENT MASON R	08.00	00.00	00.00	08.00	00.00	00.00	00.00	016.00	21.300	340.80				
12	CEMENT MASON O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	31,950	0.00				
12	CEMENT MASON D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	31.950	0.00				
05	LABORER R	00.00	00.00	07.00	00.00	00.00	00.00	00.00	007.00	20,000	140.00				
05	LABORER O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	30.000	0.00				
05									000.00	30.000	0.00				
									======						

### COINS PAYROLL MODULE CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 04/19/15

PAGE

USER EMP SECURITY TYPE: all

JOB: 14-009 US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

029.25 635.93

TOTAL COMPANY FRINGES NOT IN PAY

SKILL LEVEL: 2Q

04/13 04/14 04/15 04/16 04/17 04/18 04/19 ----- THIS JOB ----- HRS THIS CHECK 54.75 MON TUE WED THR FRI SAT SUN HOURS RATE GROSS GRSS THIS CHECK 870.31 TRADE 05 LABORER R 00.00 02.25 02.00 02.50 00.00 00.00 00.00 006.75 18.570 125.35 05 LABORER 0 00.00 01.75 01.25 00.00 00.00 00.00 00.00 003.00 27.855 83.57 05 LABORER D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 000.00 27.855 0.00 ===== ======= 009.75 208.92

TOTAL COMPANY FRINGES NOT IN PAY

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 04/19/15

USER EMP SECURITY TYPE:

all

PAGE

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

(b) (6)

UNION:

SKILL LEVEL: 20

			04/13	04/14	04/15	04/16	04/17	04/18	04/19		THIS JOB		HRS	THIS	CHECK	53.00
TRA	ADE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	פודיי :	CHECK	-
05	LABORER	R	00.00	00.00	02.00	04.50	00.00	00.00	00.00	006.50	24.150				OHECK	1430.92
05	LABORER	0	00.00	00.00	00.25	00.00	00.00	00.00	00.00	000.25	36.225	9.06				
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.225	0.00				
										=====	F3 =	======				
										006.75		166.03				

TOTAL COMPANY FRINGES NOT IN PAY

b) (6)

JOB TOTALS

HOURS THIS JOB:

90.00

GROSS THIS JOB:

1,869.76

TOTAL COMPANY FRINGES NOT IN PAY:

(b) (6)

DATE: 04/21/15

I,	Kim Holobaugh	,	CEO		DO HEREBY STATE:
	(NAME OF SIGNATORY PARTY)			(TITLE)	

(1) THAT I FAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.

ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 13TH DAY OF
APRIL 2015 AND ENDING ON THE 19TH DAY OF APRIL 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE
BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR
INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY
WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM
THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,
PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED

(48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA,	FEDERAL	WITHHOLDING,	CITY	OR	STATE	WITHHOLDING,	DISABILITY,	SAVINGS,	UNION	DUES

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE-SHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICE-SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.
- (4) THAT:

  (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

  IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
  - (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
    - --- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.
  - (C) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
1	1
REMARKS	(b) (6)
NAME AND TITLE Kim Holobaugh	
HE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA	LION OR SUBCONTRACTOR
O CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF THE UNITED STATES CODE	TITLE 31

## COINS PAYROLL MODULE CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 04/12/15 USER EMP SECURITY TYPE: all

3

PAGE

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

(b) (6)

UNION:

SKILL LEVEL: 2Q

			04/06	04/07	04/08	04/09	04/10	04/11	04/12		THIS JOB		HR\$	THIS	CHECK		29.00
TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	3 THIS	CHECK	4	179.63
05	LABORER	R	12.50	00.00	00.00	00.00	00.00	00.00	00.00	012,50	18.570	232.13					
05	LABORER	0	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00					
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27,855	0.00					
											=						
										012.50		232.13					

TOTAL COMPANY FRINGES NOT IN PAY 193.84

UNION:

SKILL LEVEL: 2Q

			04/06	04/07	04/08	04/09	04/10	04/11	04/12		THIS JOB		HRS	THIS	CHECK	43.	75
TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS	THIS	CHECK	838.6	54
05	LABORER	R	07.75	07.50	08.00	07.00	05.00	00.00	00.00	035.25	18.570	654.59					
05	LABORER	0	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00					
05	LABORER	Ď	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00					
										<b>2</b> 55555	==						
										035.25		654.59					

#### COINS PAYROLL MODULE CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 04/12/15

USER EMP SECURITY TYPE: all

PAGE

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

TOTAL COMPANY FRINGES NOT IN PAY

303.94

UNION:

SKILL LEVEL: 2Q

36.00 04/06 04/07 04/08 04/09 04/10 04/11 04/12 ----- THIS JOB ----- HRS THIS CHECK MON TUE WED THR FRI SAT SUN HOURS RATE GROSS GRSS THIS CHECK 765.18 TRADE

R 07.50 07.50 08.00 06.75 05.00 00.00 00.00 034.75 21.300 740.18 12 CEMENT MASON 0 00.00 00.00 00.00 00.00 00.00 00.00 00.00 31.950 0.00 12 CEMENT MASON D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 000.00 31.950 0.00 12 CEMENT MASON ======== \_\_\_\_ 740.18 034.75

TOTAL COMPANY FRINGES NOT IN PAY

(b) (6)

JOB TOTALS

HOURS THIS JOB:

82.50

GROSS THIS JOB:

1,626.90

TOTAL COMPANY FRINGES NOT IN PAY:

• שידער	-0.4.7	14/15	

Tina Ma	no con	troller	DO HEREBY STATE:	
(NAME OF SIGNA	ORY PARTY)	(TITLE)		
ON THE ABOVE DESCRIPTION ON THE ABOVE DESCRIPTION OF THE FULL WAGES EARNED BY ANY THE FULL WAGES EARNED PART 3 (29 CFR SUBT	PERVISE THE PAYMENT OF THE PAYMENT OF THE PAYMENT OF THE PAYMENT OF APRIL PERKLY WAGES EARNED, THAT NO BEHALF OF SAID DAVID CONSTIPERSON AND THAT NO DEDUCTION DBY ANY PERSON, OTHER THANK TILE A), ISSUED BY THE SECRIFICAT. 108, 72 STAT. 967, 76 STAT.	E PAYROLL PERIOD  2015, ALL PERSO  DEBATES HAVE FRUCTION, INC. FROM HAVE BEEN MARKEN FROM PERMISSIBLE DEFENSED LABOR LETARY OF LABOR LETARY DESCRIPTION LETARY LETARY DESCRIPTION LETARY DESCRIPTION LETARY LETARY DESCRIPTION LETARY LETARY LETARY LETARY DESCRIPTION LETARY LETA	COMMENCING ON THE 6T INS EMPLOYED ON SAID P EEN OR WILL BE MADE E OM THE FULL WEEKLY DE EITHER DIRECTLY OR DUCTIONS AS DEFINED I	PH DAY OF PROJECT HAVE SITHER DIRECTLY OR INDIRECTLY FROM IN REGULATIONS, T, AS AMENDED
FICA, FEDERAL WITHH	DLDING, CITY OR STATE WITHHOUSE	OLDING, DISABILI	TY, SAVINGS, UNION DU	JES
THAT THE CLASSIFICAT PERFORMED.  (3) THAT ANY APPRENT SHIP PROGRAM REGIST: SHIP AND TRAINING, STATE, ARE REGISTER  (4) THAT:	WAGE RATES CONTAINED IN ANTICONS SET FORTH THEREIN FOR CES EMPLOYED IN THE ABOVE DEPENDENT OF APPRENTICE OF THE ABOVE OF APPRENT OF	EACH LABORER OF PERIOD ARE DULY ESHIP AGENCY REC LABOR, OR IF NO	MECHANIC CONFORM WIT REGISTERED IN A BONA COGNIZED BY THE BUREAU SUCH RECOGNIZED AGEN AINING, UNITED STATES	H THE WORK HE FIDE APPRENTICE- OF APPRENTICE- ICY EXISTS IN A
IN ADDIT REFERENC WILL BE !	BENEFITS ARE PAID TO APPROVED TO THE BASIC HOURLY WAGE TO PAYROLL, PAYMENTS OF FRIMADE TO APPROPRIATE PROGRAMS (C) BELOW.	E RATES PAID TO	LABORER OR MECHANIC L	T HAVE BEEN OR
EACH LAB ON THE P. PLUS THE	BENEFITS ARE PAID IN CASH ORER OR MECHANIC LISTED IN S AYROLL, AN AMOUNT NOT LESS S AMOUNT OF THE REQUIRED FRII SECTION 4(C) BELOW.	THAN THE SUM OF	THE APPLICABLE BASIC	HOURLY WAGE RATE
(C) EXCEPTIONS				
EXCEPT	ION (CRAFT)		EXPLANATION	
		 		· 
REMARKS		1	· • • • • • • • • • • • • • • • • • • •	
NAME AND TITLE		sig(b) (6)	·	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

RUN DATE 02/10/15 12:06:19
DAVID CONSTRUCTION, INC.
1330 W. Breckinridge St.

Louisville, KY 40210

FEDERAL ID: (b) (4)

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 02/08/15

USER EMP SECURITY TYPE:

PAGE

all

EMPLOYEE M/S EX

79 total hours worked

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

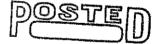
MIMMS, JIMMIE T
(b) (6)

CHECK: 58012

UNION:

SKILL LEVEL: 20

	_														
			02/02	02/03	02/04	02/05	02/06	02/07	02/08		THIS JOB			CHECK	35.00
TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	(b) (6)		
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										035.00		649.95			
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RUN DATE 02/10/15 12:06:19 DAVID CONSTRUCTION, INC. 1330 W. Breckinridge St.

Louisville, KY 40210

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 02/08/15

USER EMP SECURITY TYPE:

PAGE

all

2

EMPLOYEE M/S EX FEDERAL ID: (b) (4)

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

SILLINGS, JONATHAN H
(b) (6)

UNION:

SKILL LEVEL: 2Q

		02/02	02/03	02/04	02/05	02/06	02/07	02/08		THIS JOB		HRS THIS CHECK 36.00
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09	TRADESMAN-BRICKLAYER O	00.00	00.00	00.00	00.00	00.00	00.00	00.00	00.00	37.230	0.00	E
09	TRADESMAN-BRICKLAYER D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.230	0.00	F
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COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 02/08/15

USER EMP SECURITY TYPE:

PAGE

all

3

EMPLOYEE M/S EX FEDERAL ID: (b) (4)

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

EMPLOYEE

M/S EX

MITCHELL, WINSTON H (b) (6)

CHECK: 58040

UNION:

SKILL LEVEL: 2Q

TRADE | MON | TUE | WED | THR | SAT | SUN | HOURS | RATE | GROSS | GRO

TOTAL COMPANY FRINGES NOT IN PAY

(b) (6)

COINS PAYROLL MODULE CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 02/08/15

USER EMP SECURITY TYPE:

PAGE

all

M/S EX EMPLOYEE FEDERAL ID: (b) (4)

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT

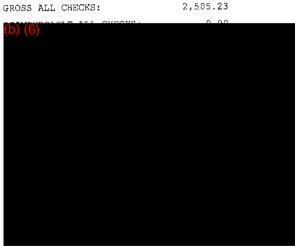
EMPLOYEE

M/S EX

JOB TOTALS

HOURS THIS JOB: GROSS THIS JOB:

2,505.23



\*\* TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

DATE(b) (6)	1/10			
I,	 HK	DÓ	HEREBY	STATE
-, =	(TITLE)			

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.
ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 2ND DAY OF
FEBRUARY 2015 AND ENDING ON THE 8TH DAY OF FEBRUARY 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE
BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR
INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY
WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM
THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,
PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED
(48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

LICH		,								
ETCA.	FEDERAL	WITHHOLDING,	CITY	OR	STATE	WITHHOLDING,	DISABILITY,	SAVINGS,	UNION	DUES

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE-SHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICE-SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.
- (4) THAT:
  - (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

    --- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
  - (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
    - --- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
  - (C) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
1	
REN(b) (6)	
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

DATE	(b) (6)	·			
Ι, _		HR	DO	HEREBY	STAT
		(TITLE)			

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.

ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 2ND DAY OF

MARCH 2015 AND ENDING ON THE 8TH DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE

BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR

INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY

WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,

PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED

(48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA,	FEDERAL	WITHHOLDING,	CITY	OR	STATE	WITHHOLDING,	DISABILITY,	SAVINGS,	UNION	DUES
		·								

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE-SHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICE-SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.
- (4) THAT:
  - (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
    - --- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.
  - (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
    - ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE
      PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS
      NOTED IN SECTION 4 (C) BELOW.
  - (C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

(b) (6)

THE WILLFUL RALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PAGE

RUN DATE 03/10/15 13:06:15

1

DAVID CONSTRUCTION, INC. 1330 W. Breckinridge St. Louisville, KY 40210 COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 03/08/15

USER EMP SECURITY TYPE:

all

FEDERAL ID:

US MARSHALL CELL BLOCK RENOVAT

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT CONTRACT:

NO HOURS REPORTED FOR THIS PAY PERIOD

RUN DATE 03/24/15 17:00:07

COINS PAYROLL MODULE

PAGE

ANITE CONCERNMENT

DAVID CONSTRUCTION, INC. 1330 W. Breckinridge St. Louisville, KY 40210

CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 03/22/15

USER EMP SECURITY TYPE;

a11

FEDERAL ID:

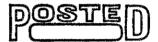
(b) (4)

US MARSHALL CELL BLOCK RENOVAT

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT CONTRACT:

NO HOURS REPORTED FOR THIS PAY PERIOD



DATE:	(b) (6)		1/1			
Ι,		_'	(TITLE)	DO	HEREBY	STATE

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 16TH DAY OF MARCH 2015 AND ENDING ON THE 22TH DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA,	FEDERAL	WITHHOLDING,	CITY	OR	STATE	WITHHOLDING,	DISABILITY,	SAVINGS,	UNION	DUES

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE-SHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICE-SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.
- (4) THAT:
  - (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
    - --- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.
  - (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
    - --- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
  - (C) EXCEPTIONS

EXCE	TION (CRAFT)	EXPLANATION									
		 1	•		 						
(b) (6)		 			 						
			THE	CONTRACTOR	OR	SUBCONTR	ACTOR				

TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31

OF THE UNITED STATES CODE.

RUN DATE 03/03/15 15:39:48

COINS PAYROLL MODULE

PAGE

DAVID CONSTRUCTION, INC. 1330 W. Breckinridge St.

CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 03/01/15

USER EMP SECURITY TYPE:

all

Louisville, KY 40210

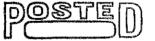
FEDERAL ID: (b) (4)

US MARSHALL CELL BLOCK RENOVAT

1

JOB: 14-009 US MARSHALL CELL BLOCK RENOVAT CONTRACT:

NO HOURS REPORTED FOR THIS PAY PERIOD



(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.

ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 23TH DAY OF
FEBRUARY 2015 AND ENDING ON THE 1ST DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE
BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REPATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR
INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY
WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM
THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,
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FICA,	FEDERAL	WITHHOLDING,	CITY	QR	STATE	WITHHOLDING,	DISABILITY,	SAVINGS,	UNION	DUES

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE-SHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICE-SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

#### (4) THAT:

- (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
  - --- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
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- (C) EXCEPTIONS

EX	CEPTION (CRAFT)	EXPLANATION	
[		1	
REMARKS			
(b) (6)			
THE		OR OR S	SUBCONTRACTOR

TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.

ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 23TH DAY OF

MARCH 2015 AND ENDING ON THE 29TH DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE

BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR

INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY

WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM

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FICA,	FEDERAL	WITHHOLDING,	CITY	OR	STATE	WITHHOLDING,	DISABILITY,	SAVINGS,	UNION	DUES

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
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  - (C) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

REMARKS

REMARKS

REMARKS

TOR OR SUBCONTRACTOR

TITLE 31

PAGE

COINS PAYROLL MODULE

RUN DATE 03/31/15 13:33:50

1

DAVID CONSTRUCTION, INC.

1330 W. Breckinridge St. Louisville, KY 40210 CERTIFIED WH-347 REPORT

[FOR PAY PERIOD ENDING 03/29/15

USER EMP SECURITY TYPE;

all

FEDERAL ID:



US MARSHALL CELL BLOCK RENOVAT

JOB: 14-009

US MARSHALL CELL BLOCK RENOVAT CONTRACT:

NO HOURS REPORTED FOR THIS PAY PERIOD

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 04/19/15

•

1

USER EMP SECURITY TYPE:

PAGE

all

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

(b) (6)

ONTON

SKILL LEVEL: 20

TRA	DE		04/13 MON	04/14 TUE	04/15 WED	04/16 THR	04/17 FRI	04/18 SAT	04/19 SUN		THIS JOB					51.	00
02	TRADESMAN-CARPENTER	R	00 00	00.00	_						RATE	GROSS	GRSS	THIS	CHECK	1356.	00
		-								000.00	24.000	0.00					
	TRADESMAN-CARPENTER									003.00	36.000	108.00					
02	TRADESMAN-CARPENTER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00					
										=====	==	= <b>==</b> ===					
										003.00		108.00					

TOTAL COMPANY FRINGES NOT IN PAY

o) (6)

JOB TOTALS

HOURS THIS JOB:

3.00

GROSS THIS JOB:

108.00

TOTAL COMPANY FRINGES NOT IN PAY:

(b) (6)

DATE: 04/21/15

I, Kim Holobaugh

CEO

DO HEREBY STATE:

(NAME OF SIGNATORY PARTY)

(TITLE)

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.

ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 13TH DAY OF
APRIL 2015 AND ENDING ON THE 19TH DAY OF APRIL 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE
BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR
INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY
WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM
THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,
PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED

(48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

			WITHHOLDING,		

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE-SHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICE-SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

#### (4) THAT:

- (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

  IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
- (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
  - --- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
- (C) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION						
REMARKS	(6)						
NAME AND TITLE Kim Holobaugh CEO							
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE ST TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 100 OF THE UNITED STATES CODE.	RACTOR OR SUBCONTRACTOR OF TITLE 31						

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 04/12/15

USER EMP SECURITY TYPE:

all

1

PAGE

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

(b) (6)

UNION:

SKILL LEVEL: 2Q

## 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100

TOTAL COMPANY FRINGES NOT IN PAY

o) (6)

JOB TOTALS

HOURS THIS JOB:

3.25

GROSS THIS JOB:

93.00

TOTAL COMPANY FRINGES NOT IN PAY:

(b) (6)

STATEMENT OF COMPLIANCE
DATE: 04/14/15  (b) (6)
(NAME OF SIGNAFORY PARTY)  (TITLE)  ON HEREBY STATE:
(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 6TH DAY OF APRIL 2015 AND ENDING ON THE 12TH DAY OF APRIL 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:
FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES
(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS
THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE—SHIP PROGRAM REGISTERED WITH A STATE APPRENTICE—SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.
(4) THAT:
(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
(B) WHERE FRINGE BENEFITS ARE PAID IN CASH  EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.
(C) EXCEPTIONS

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31

1

EXPLANATION

EXCEPTION (CRAFT)

REMARKS

OF THE UNITED STATES CODE.

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 03/29/15

PAGE

L

a11

USER EMP SECURITY TYPE:

EMPLOYEE M/S EX FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

GREENWELL, GARRETT A (b) (6)
CHECK: 60200

UNION:

SKILL LEVEL: 2Q

03/23 03/24 03/25 03/26 03/27 03/28 03/29 ----- THIS JOB ----- HRS THIS CHECK 46.00 TRADE MON TUE WED THR FRI SAT SUN HOURS RATE GROSS GRSS THIS CHECK 939.57 R 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 05 LABORER 18.570 0.00 E 05 LABORER 0 00.00 00.00 00.00 00.00 00.00 06.00 00.00 006.00 27.855 167.13 05 LABORER D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 27.855 0.00 ======= 006,00 167.13 TOTAL COMPANY FRINGS

29.5 total hours worked

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 03/29/15

USER EMP SECURITY TYPE:

PAGE

all

55.50

EMPLOYEE

M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

MIMMS, JIMMIE T

(b) (6) CHECK: 60205

UNION:

SKILL LEVEL: 2Q

TRADE MON TUE WED THR FRI SAT SUN HOURS RATE GROSS 05 LABORER R 00.00 00.00 02.75 00.00 00.00 00.00 00.00 002.75 18.570 51.07 05 LABORER 0 00.00 00.00 00.00 00.00 00.00 08.25 00.00 008.25 27.855 229.80 05 LABORER D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 27.855 0.00 ===== ======= 011,00 280.87 TOTAL COMPANY FRING

03/23 03/24 03/25 03/26 03/27 03/28 03/29 ------ THIS JOB ----- HRS THIS CHECK

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 03/29/15

PAGE

3

USER EMP SECURITY TYPE: all

EMPLOYEE M/S EX FEDERAL ID: (b) (4)

JOB; 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

MITCHELL, WINSTON H
(b) (5)

CHECK: 60216

SKILL LEVEL: 2Q

TRADES   MON TUE   WED   THR   FRI   SAT   SUN   HOURS   RATE   GROSS   10   10   10   10   10   10   10				03/23	03/24	03/25	03/26	03/27	03/28	03/29		THIS JOB		HRS THIS CHECK	57.50
02 TRADESMAN-CARPENTER C 00.00	TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	(b) (6)	
02 TRADESMAN-CARPENTER D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 36.000 0.00  012.50 399.00	02	TRADESMAN-CARPENTER	R	01.50	00.00	02.75	00.00	00,00	00.00	00,00	004,25	24.000	102.00		
012.50 399.00	02	TRADESMAN-CARPENTER	0	00.00	00.00	00.00	00.00	00.00	08,25	00.00	008,25	36.000	297.00		
012.50 399.00	02	TRADESMAN-CARPENTER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
											*=====	==	=====		
											012,50		399.00		
TOTAL COMPANY FRING													···		

# COINS PAYROLL MODULE CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 03/29/15

USER EMP SECURITY TYPE:

PAGE

all

EMPLOYEE
FEDERAL ID:

(b) (4) M/S EX

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

JOB TOTALS

HOURS THIS JOB;	29.50
GROSS THIS JOB:	847.00
GROSS ALL CHECKS;	939.57
REIMBURSABLE ALL CHECKS:	0.00
FRINGES PAID TO EMPLOYEE:	0.00
EIC ALL CHECKS:	0.00
FED WITHHOLD ALL CHECKS:	104.34
FICA 1 ALL CHECKS:	57.74
FICA 2 ALL CHECKS:	13.50
STATE WITHHOLD ALL CHECKS:	47.41
LOCAL WITHHOLD ALL CHECKS:	7,49
OTHER DEDUCTIONS ALL CHECKS:	21.36
TOTAL DEDUCTIONS ALL CHECKS:	251,84
NET ALL CHECKS:	687.73

TOTAL COMPANY FRINGES NOT IN PAY:



<sup>\*\*</sup> TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

DATE:	(b) (6)				
1		16 1			
I,			<u>C</u>	HEREBY	STATE
		(TITI	Œ)		

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC. ON THE ABOVE DESCRIBED PROJECT, THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 23TH DAY OF MARCH 2015 AND ENDING ON THE 29TH DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

	WITHHOLDING,					
 		 	 	ч	 	

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE-SHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICE-SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.
- (4) THAT;
  - (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  $\checkmark$  in addition to the basic hourly wage rates paid to laborer or mechanic listed in the above REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
  - (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
    - --- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
  - (C) EXCEPTIONS

	EXCEPTION (CRAFT)	EXPLANATION	POSTED
REMARKS (b) (6)			
MAM 			

COINS PAYROLL MODULE CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 01/25/15

USER EMP SECURITY TYPE:

PAGE

all

EMPLOYEE

( JOB: 13-015

M/S EX

FEDERAL ID: (b) (4)

GSA EGRESS STATE

EMPLOYEE

M/S EX

PHIPPS, JAMES C

CHECK: 57718

UNION:

SKILL LEVEL: 2Q

			01/19	01/20	01/21	01/22	01/23	01/24	01/25		THIS JOB	~~ 4	IDC MITC CURCE	**
TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	(b) (6)	
02	TRADESMAN-CARPENTER	R	06.00	03.00	03.00	00.00	00.00	00.00	00.00	012.00	25.000	300.00		
02	TRADESMAN-CARPENTER	0	00.00	00.00	00.00	00,00	00,00	00.00	00.00	000.00	37.500	0.00		
02	TRADESMAN-CARPENTER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.500	0.00		
05	LABORER	R	02.50	05.00	00.00	00.00	00.00	00.00	00.00	007,50	25,000	187,50		
05	LABORER	0	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.500	0.00		
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	37.500	0.00		
										~=====	==			
										019,50		487.50		
	•									TOT	TAL COMPAN	JY FRING		

50.50 total hours worked

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 01/25/15

CHECK: 57724

PAGE

USER EMP SECURITY TYPE:

all

EMPLOYEE M/S EX FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

MIMMS, JIMMIE T (b) (6) (b) (6)

UNION:

SKILL LEVEL: 2Q

01/19 01/20 01/21 01/22 01/23 01/24 01/25 ----- THIS JOB ----- HRS THIS CHECK 40.25 MON TUE WED THR FRI SAT SUN HOURS RATE GROSS GRSS THIS CHECK 749.77 TRADE R 02.00 00.00 00.00 00.00 00.00 00.00 00.00 002.00 18.570 37.14 05 LABORER 0.00 0 00.00 00.00 00.00 00.00 00.00 00.00 00.00 27.855 05 LABORER 0.00 05 LABORER D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 000.00 27.855 ====== -----37,14 002.00

TOTAL COMPANY FRING

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 01/25/15

CHECK: 57754

PAGE

3

USER EMP SECURITY TYPE:

all

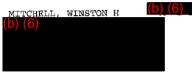
EMPLOYEE M/S EX FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX



UNION:

SKILL LEVEL: 2Q

			01/19	01/20	01/21	01/22	01/23	01/24	01/25		THIS JOB		HRS THIS CHECK	39.50
TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	GRSS THIS CHECK	959.12
02	TRADESMAN-CARPENTER	R	08.00	08.00	01.75	03.00	06.75	00.00	00.00	027.50	24,000	660.00	(b) (6)	
02	TRADESMAN-CARPENTER	0	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
02	TRADESMAN-CARPENTER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
05	LABORER	R	01.50	00.00	00.00	00,00	00.00	00.00	00.00	001.50	24.000	36.00		
05	LABORER	0	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
05	LABORER	D	00.00	00.00	00,00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
											=			
										029.00		696.00		
										•				
										TC	TAL COMPA	NY FRIN		

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 01/25/15

PAGE

USER EMP SECURITY TYPE:

all

EMPLOYEE M/S EX
FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

JOB TOTALS

HOURS THIS JOB: 50.50

GROSS THIS JOB: 1,220.64

GROSS ALL CHECKS: 2,546.39

REIMBURSABLE ALL CHECKS: 0.00

FRINGES PAID TO EMPLOYEE: 0.00

EIC ALL CHECKS: 0.00



\*\* TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

DO HEREBY STATE

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.

ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 19TH DAY OF

JANUARY 2015 AND ENDING ON THE 25TH DAY OF JANUARY 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE

BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR

INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY

WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM

THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,

PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED

(48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA,	FEDERAL	WITHHOLDING,	CITY	OR	STATE	WITHHOLDING,	DISABILITY,	SAVINGS,	UNION	DUES

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE-SHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICE-SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.
- (4) THAT:
  - (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

    IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR

    WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.
  - (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
    - --- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BREN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.
  - (C) EXCEPTIONS

EXCEPTION (CRAFT)

(b) (6)

ACTOR OR SUBCONTRACTOR

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 02/15/15

PAGE

1

USER EMP SECURITY TYPE:

a11

EMPLOYEE M/S EX FEDERAL ID: (b) (4)

5.00 total hours worked

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

MITCHELL, WINSTON H

(b) (6)

CHECK: 58140

UNION: 2Q SKILL LEVEL:

TRADESMAN-CARPENTER  02 TRADESMAN-CARPENTER  02 TRADESMAN-CARPENTER	0	MON 00.00 00.00	TUE 05.00 00.00	WED 00.00 00.00	THR 00.00 00.00	FRI 00.00 00.00	SAT 00.00 00.00	SUN 00.00 00.00 00.00	HOURS 005.00 000.00 000.00	36.000 36.000	GROSS (b) (5)  120.00 0.00 0.00 120.00
									TOT	AL COMPANI	Y FRING



PAGE

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USER EMP SECURITY TYPE:

all

EMPLOYEE M/S EX
FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

### JOB TOTALS

HOURS THIS JOB:	5.00
GROSS THIS JOB:	120.00
GROSS ALL CHECKS:	0.00
REIMBURSABLE ALL CHECKS:	0,00
FRINGES PAID TO EMPLOYEE:	0.00
EIC ALL CHECKS:	0.00
FED WITHHOLD ALL CHECKS:	0.00
FICA 1 ALL CHECKS:	0.00
FICA 2 ALL CHECKS:	0.00
STATE WITHHOLD ALL CHECKS:	0.00
LOCAL WITHHOLD ALL CHECKS:	0.00
OTHER DEDUCTIONS ALL CHECKS:	0.00
TOTAL DEDUCTIONS ALL CHECKS:	0.00
NET ALL CHECKS:	0.00

<sup>\*\*</sup> TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.

ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 9TH DAY OF
FEBRUARY 2015 AND ENDING ON THE 15TH DAY OF FEBRUARY 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE
BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR
INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY
WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM
THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,
PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED

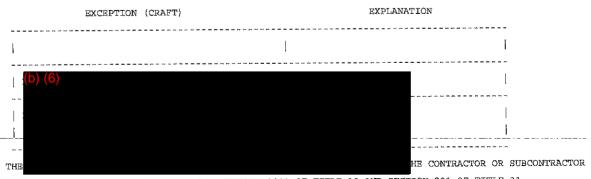
(48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA,	FEDERAL	WITHHOLDING,	CITY	OR	STATE	WITHHOLDING,	DISABILITY,	SAVINGS,	ONTON	DOES

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE-SHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICE-SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.
- (4) THAT:
  - (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

    IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR

    WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.
  - (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
    - ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE
      PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS
      NOTED IN SECTION 4 (C) BELOW.
  - (C) EXCEPTIONS



TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

RUN DATE 02/24/15 15:00:37 DAVID CONSTRUCTION, INC. 1330 W. Breckinridge St.

Louisville, KY 40210

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 02/22/15

USER EMP SECURITY TYPE:

PAGE

a11

EMPLOYEE M/S EX FEDERAL ID: (b) (4)

33 total hours worked

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

BEUMEL, DANIEL A

(b) (6) CHECK: 58185

UNION;

SKILL LEVEL: 2Q

TRADE MON TUE WED THR FRI SAT SUN HOURS RATE GROS

5 LABORER R 00.00 00.00 07.75 05.50 06.00 00.00 019.25 18.570 357.4

5 LABORER D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 27.855 0.0

5 LABORER D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 27.855 0.0

6 D 00.00 00



TOTAL COMPANY FRI

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 02/22/15

PAGE

2

USER EMP SECURITY TYPE:

all

EMPLOYEE
FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX



SKILL LEVEL: 2Q

			00/10	00/10	00/50	00/40						•
			02/16	02/17	02/18	02/19	02/20	02/21	02/22		THIS JOB	TO COURT OF THE
TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS (6)
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05	LABORER	0	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000,00	27.855	0.00
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										004.00		74.28

TOTAL COMPANY FRIN

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 02/22/15

PAGE

3

USER EMP SECURITY TYPE:

all

EMPLOYEE M/S EX FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

MITCHELL, WINSTON H (b) (6) CHECK: 58225 (b) (6)

UNITON

SKILL LEVEL: 2Q

			02/16	02/17	02/18	02/19	02/20	02/21	02/22		THIS JOB		HRS THIS	CHECK	33.75
TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	(b) (6)		
05	LABORER	R	00.00	00.00	07.75	02.00	00.00	00.00	00.00	009.75	24,000	234.00			
05	LABORER	0	00,00	00.00	00.00	00,00	00.00	00.00	00.00	000.00	36.000	0.00			
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00			
										=====	=:				
										009.75		234.00			

TOTAL COMPANY FRING

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 02/22/15

USER EMP SECURITY TYPE:

PAGE

a.l.l

EMPLOYEE M/S EX FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

JOB TOTALS

HOURS THIS JOB:

GROSS THIS JOB:

GROSS ALL CHECKS:

REIMBURSABLE ALL CHECKS:

FRINGES PAID TO EMPLOYEE:

0.00

EIC ALL CHECKS:

0.00



\*\* TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.

ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 16TH DAY OF
FEBRUARY 2015 AND ENDING ON THE 22TH DAY OF FEBRUARY 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE
BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR
INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY
WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM
THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,
PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED

(48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE-SHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICE-SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.
- (4) THAT:
  - (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.

- (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
  - --- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.
- (C) EXCEPTIONS

RUN DATE-02/10/15 12:06:49

COINS PAYROLL MODULE

PAGE

DAVID CONSTRUCTION, INC. 1330 W. Breckinridge St.

CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 02/08/15

USER EMP SECURITY TYPE:

Louisville, KY 40210

1.

all

FEDERAL ID: (6)

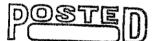
GSA EGRESS STAIR

JOB: 13-015

GSA EGRESS STAIR

CONTRACT:

NO HOURS REPORTED FOR THIS PAY PERIOD



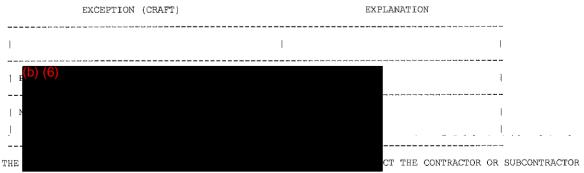
(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.

ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 2ND DAY OF
FEBRUARY 2015 AND ENDING ON THE 8TH DAY OF FEBRUARY 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE
BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR
INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY
WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM
THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,
PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED

(48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA,	FEDERAL	WITHHOLDING,	CITY	QR	STATE	WITHHOLDING,	DISABILITY,	SAVINGS,	UNION	DUES

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A
  STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.
- (4) THAT:
  - (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
    - --- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
  - (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
    - --- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
  - (C) EXCEPTIONS



TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 03/08/15

PAGE

USER EMP SECURITY TYPE:

1

all

EMPLOYEE M/S EX FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

46 total hours worked

EMPLOYEE

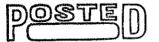
M/S EX

BEUMEL, DANIEL A (b) (6)
(b) (6)
CHECK: 60037

UNION:

SKILL LEVEL: 2Q

			03/02	03/03	03/04	03/05	03/06	03/07	03/08		THIS JOB		HRS THIS CHECK 40 75
TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS	(b) (6)
05	LABORER	R	00.00	00.00	00.00	00.00	00.00	00.00	04.00	004.00	18,570	74.28	
05	LABORER	0	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	27.855	0.00	
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000,00	27,855	0.00	
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COINS PAYROLL MODULE CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 03/08/15

USER EMP SECURITY TYPE:

PAGE

all

EMPLOYEE M/S EX FEDERAL ID:

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

MIMMS, JIMMIE T CHECK: 60050

SKILL LEVEL; 2Q

03/02 03/03 03/04 03/05 03/06 03/07 03/08 ----- THIS JOB ----- HRS THIS CHECK TRADE MON TUE WED THR FRI SAT SUN HOURS RATE GROSS R 00.00 01.25 05.50 05.75 07.00 03.75 00.00 023.25 18.570 431.76 05 LABORER O 00.00 01.25 00.00 00.00 00.50 00.00 001.75 27.855 05 LABORER 48.75 05 LABORER D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 000.00 27.855 0.00 ===== ======== 025,00 480.51

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TOTAL COMPANY FRING

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 03/08/15

PAGE

3

USER EMP SECURITY TYPE:

all

EMPLOYEE
FEDERAL ID: (6)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX



UNION

SKILL LEVEL: 2Q

			03/02	03/03	03/04	03/05	03/06	03/07	03/08		THIS JOB		HRS THI	S CHECK	51.75
TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE		(b) (6)	D CIMOR	51.75
02	TRADESMAN-CARPENTER	R	00,00	03.50	00.00	00.00	00.00	00.00	00.00	003.50	24.000	84.00	(=) (=)		
02	TRADESMAN-CARPENTER	0								000.00	36,000	0.00			
02	TRADESMAN-CARPENTER	D								000.00	36.000	0.00			
05	LABORER	R								006.75	24,000	162.00			
05	LABORER	0								006.75	36.000	243.00			
05	LABORER	D								000.00	36,000	0.00			
										=====	==:	======			
											<b>**</b> :				
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TOTAL COMPANY FRING

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 03/08/15

PAGE

USER EMP SECURITY TYPE: all

EMPLOYEE
(b) (6)
FEDERAL ID:

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

JOB TOTALS

HOURS THIS JOB: GROSS THIS JOB:

46.00

GROSS ALL CHECKS:

1,567.83

REIMBURSABLE ALL CHECKS:

0.00



\*\* TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.

ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 2ND DAY OF

MARCH 2015 AND ENDING ON THE 8TH DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE

BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR

INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY

WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM

THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,

PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED

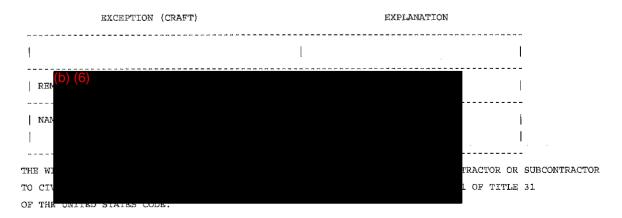
(48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA,	FEDERAL	WITHHOLDING,	CITY	OR	STATE	WITHHOLDING,	DISABILITY,	SAVINGS,	UNION	DUES

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
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### (4) THAT:

- (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
  - In addition to the basic hourly wage rates paid to laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(C) below.
- (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
  - --- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.
- (C) EXCEPTIONS



RUN DATE 03/03/15 16:06:02 1

COINS PAYROLL MODULE

PAGE

DAVID CONSTRUCTION, INC. 1330 W. Breckinridge St.

Louisville, KY 40210

CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 03/01/15

USER EMP SECURITY TYPE:

all

FEDERAL ID:



GSA EGRESS STAIR

JOB: 13-015 GSA EGRESS STAIR

CONTRACT:

NO HOURS REPORTED FOR THIS PAY PERIOD



(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.

ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 23TH DAY OF
FEBRUARY 2015 AND ENDING ON THE 1ST DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE
BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR
INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY
WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM
THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,
PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED

(48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS, UNION DUES

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE-SHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICE-SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

#### (4) THAT:

- (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
  - --- IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
- (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
  - --- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
- (C) EXCEPTIONS

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 03/22/15

USER EMP SECURITY TYPE:

all

19.50 total hours worked

EMPLOYEE M/S EX FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

MIMMS, JIMMIE T
(b) (6)
CHECK: 60175

POSTED

TOTAL COMPANY FRINC

UNION:

SKILL LEVEL: 2Q

03/16 03/17 03/18 03/19 03/20 03/21 03/22 ----- THIS JOB ----- HRS THIS CHECK 50.00 TRADE WED THR FRI SUN HOURS RATE GROSS 05 LABORER R 00.00 00.00 00.00 02.00 00.00 00.00 00.00 002.00 18.570 0 00.00 00.00 00,00 00.00 00.00 07.25 00.00 007.25 05 LABORER D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 000.00 ^27.855 0.00 009.25 239.09

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 03/22/15

USER EMP SECURITY TYPE:

PAGE

a11

EMPLOYEE M/S EX FEDERAL ID:

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

SILLINGS, JONATHAN H

CHECK: 60176

TINITON.

SKILL LEVEL: 2Q

03/16 03/17 03/18 03/19 03/20 03/21 03/22 ----- THIS JOB ----- HRS THIS CHECK 47.75 MON TUE WED THR FRI SAT SUN HOURS RATE GROSS GRSS THIS CHECK TRADE 0.00 05 LABORER R 00,00 00,00 00.00 00.00 00.00 00.00 00.00 000.00 20.000 30.000 217.50 05 LABORER 0 00.00 00.00 00.00 00.00 00.00 07.25 00.00 007.25 D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 05 LABORER 30.000 0.00 ---------217.50 007.25

TOTAL COMPANY FRIN

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 03/22/15

USER EMP SECURITY TYPE;

PAGE

all

EMPLOYEE FEDERAL ID:

(b) (4) (b) (6)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

MITCHELL, WINSTON H

(6)

CHECK: 60184

UNION:

SKILL LEVEL: 2Q

03/16 03/17 03/18 03/19 03/20 03/21 03/22 ----- THIS JOB ----- HRS THIS CHECK 42.75 TRADE MON TUE WED THR FRI SAT SUN HOURS RATE GROSS 05 LABORER R 00.00 00.00 00.00 02.00 00.00 00.00 00.00 002.00 24.000 48.00 05 LABORER 0 00.00 00.00 00.00 00.00 00.00 00.00 00.00 36.000 0.00 05 LABORER D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 36.000 0.00 002.00 48.00

TOTAL COMPANY FRING

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 03/22/15

PAGE

USER EMP SECURITY TYPE:

all

EMPLOYEE M/S EX FEDERAL ID: (b) (6)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

JOB TOTALS

HOURS THIS JOB: [18.50
GROSS THIS JOB: 504.59
GROSS ALL CHECKS: 3,149.93
REIMBURSABLE ALL CHECKS: 0.00
FRINGES PAID TO EMPLOYEE: 0.00



\*\* TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.

ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 16TH DAY OF

MARCH 2015 AND ENDING ON THE 22TH DAY OF MARCH 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE

BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR

INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY

WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE BITHER DIRECTLY OR INDIRECTLY FROM

THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,

PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED

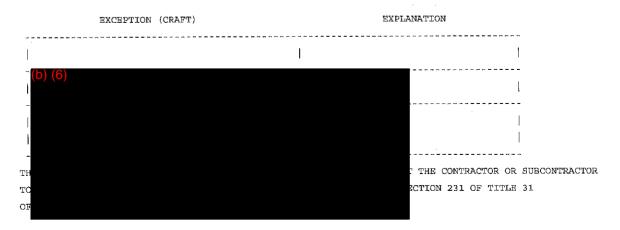
(48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA,	FEDERAL	WITHHOLDING,	CITY	OR	STATE	WITHHOLDING,	DISABILITY,	SAVINGS,	UNION	DUES

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE-SHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICE-SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.
- (4) THAT;
  - (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

    IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR

    WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4 (C) BELOW.
  - (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
    - --- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
  - (C) EXCEPTIONS



COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 01/11/15

USER EMP SECURITY TYPE:

PAGE

all

14.5 total hours worked

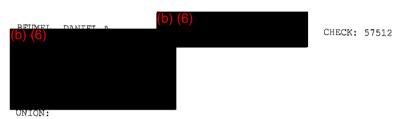
EMPLOYEE M/S EX FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX



POSTED

SKILL LEVEL: 2Q

01/05 01/06 01/07 01/08 01/09 01/10 01/11 ----- THIS JOB ----- HRS THIS CHECK TRADE MON TUE WED THR FRI SAT SUN HOURS RATE GROSS 05 LABORER R 02.00 00.00 07.75 04.00 02.00 08.00 00.00 023.75 18.570 441.04 05 LABORER 0 00.00 00.00 00.00 00.00 00.00 00.00 00.00 27.855 0.00 05 LABORER D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 27.855 0.00 02 TRADESMAN-CARPENTER R 05.00 00.00 00.00 00.00 00.00 00.00 00.00 005.00 22.900 114.50 02 TRADESMAN-CARPENTER 0 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 34,350 0.00 02 TRADESMAN-CARPENTER D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 34.350 .0.00 ======= 555.54

TOTAL COMPANY FRING

PHIPPS, TAMES C. (b) (6)
CHECK: 57522

UNION:

SKILL LEVEL: 20

			01/05	01/06	01/07	01/08	01/09	01/10	01/11		THIS JOB	HRS THIS CHECK 31 25
TRA	.DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS (b) (6)
05	LABORER	R	00.00	08.00	08.00	01.25	00.00	00.00	00.00	017.25		431.25
05										000.00	37.500	0.00
05										000.00	37.500	0.00
02	TRADESMAN-CARPENTER										25.000	

COINS PAYROLL MODULE
CERTIFIED WH-347 REPORT
FOR PAY PERIOD ENDING 01/11/15

USER EMP SECURITY TYPE:

all

PAGE

FEDERAL ID:

(b) (6)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

02 TRADESMAN-CARPENTER O 00.00

031.25

TOTAL COMPANY FRINGES NOT IN PAY

(b) (6)

33.25

MIMMS, JIMMIE T

(b) (6)

CHECK: 57539

(b) (6)

SKILL LEVEL: 2Q

01/05 01/06 01/07 01/08 01/09 01/10 01/11 ----- THIS JOB ----- HRS THIS CHECK RATE GROSS MON TUE WED THR FRI SAT SUN HOURS TRADE R 00.00 00.00 00.00 00.00 00.00 00.00 03.25 003.25 18.570 60.36 05 LABORER 0 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 27.855 0.00 05 LABORER D 00.00 00.00 00.00 00.00 00.00 00.00 00.00 27.855 0.00 05 LABORER ====== 60.36 003.25

TOTAL COMPANY FRING

COINS PAYROLL MODULE

CERTIFIED WH-347 REPORT

FOR PAY PERIOD ENDING 01/11/15

PAGE

3

USER EMP SECURITY TYPE:

all

EMPLOYEE

M/S EX

FEDERAL ID: (b) (4)

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

MITCHELL, WINSTON H

CHECK: 57557

HALLON •

SKILL LEVEL: 2Q

	<del>=</del>													
			01/05	01/06	01/07	01/08	01/09	01/10	01/11		THIS JOB	HRS THIS	CHECK	41.25
TRA	DE		MON	TUE	WED	THR	FRI	SAT	SUN	HOURS	RATE	GROSS GRSS THI	S CHECK	1005.00
05	LABORER	R	00.00	00.00	00.00	00.00	00.00	01.00	00.00	001.00	24.000	24.00 (b) (6)		
05	LABORER	0	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
05	LABORER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
02	TRADESMAN-CARPENTER	R	00.00	00.00	00.00	00.00	00.00	07.00	02.00	009.00	24.000	216.00		
02	TRADESMAN-CARPENTER	O	00.00	00.00	00.00	00.00	00.00	00.00	01.25	001.25	36.000	45.00		
02	TRADESMAN-CARPENTER	D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	36.000	0.00		
										=====	=	======		
										011.25	<b></b>	285.00		
							,							

TOTAL COMPANY FRIN

COINS PAYROLL MODULE CERTIFIED WH-347 REPORT FOR PAY PERIOD ENDING 01/11/15

USER EMP SECURITY TYPE:

PAGE

all

EMPLOYEE

M/S EX

FEDERAL ID:

JOB: 13-015

GSA EGRESS STAIR

EMPLOYEE

M/S EX

JOB TOTALS

HOURS THIS JOB:

74.50

GROSS THIS JOB:

1,682.15

GROSS ALL CHECKS:

3,067.42

0.00 REIMBURSABLE ALL CHECKS:

\*\* TOTALS ARE FOR ALL EMPLOYEES REGARDLESS OF SECURITY

, \_\_\_\_\_\_ DO HEREBY STAT

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY DAVID CONSTRUCTION, INC.

ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 5TH DAY OF

JANUARY 2015 AND ENDING ON THE 11TH DAY OF JANUARY 2015, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE

BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR

INDIRECTLY TO OR ON BEHALF OF SAID DAVID CONSTRUCTION, INC. FROM THE FULL WEEKLY

WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR INDIRECTLY FROM

THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,

PART 3 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED

(48 STAT. 948.63 STAT. 108, 72 STAT. 967, 76 STAT. 357; 40 U.S.C. Sect. 3145), AND DESCRIBED BELOW:

FICA,	FEDERAL	WITHHOLDING,	CITY	OR	STATE	WITHHOLDING,	DISABILITY,	SAVINGS,	UNION	DUES

- (2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETE; THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.
- (3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICE-SHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICE-SHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.
- (4) THAT;
  - (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

    IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO LABORER OR MECHANIC LISTED IN THE ABOVE
    REFERENCED PAYROLL, PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR
    WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN
    SECTION 4 (C) BELOW.
  - (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
    - --- EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.
  - (C) EXCEPTIONS

	EXCEPTION (CRAFT)		EXPLANATION
1			
REMARKS		1	
			<b>i</b>

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

# 20.44 total hours worked

PAYROLL (FC )NTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR C SQUARED INC	OR SUBCONTR		L80:	2						· <del></del> ,,,	ADDRE		21 C ST A		HURCH RD		1		······································	
PAYROLL NO.		PERIOD	BEG]	N 02/	23/20:	15 PE	RIOD E	.0 CINI	/01/20	15	PROJE	CT AND	MORE	hal	9	E .	OT OR CO	NTRACT	NO.	
(1) NAME AND INDIVIDUAL	(2) NO. OF	(3) WORK		Sun	Mon	(4) E	AY AN	D DATI	Fri	Sat	(5) TOTAL	(6) RATE	(7) GROSS	(1) (0)		(8) DEDUCTH	ONS			(9) CHECK NO.
IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKE	WITHHOLDING	CLASSIFI	_	01	23	24 HOURS	25 WORI	26 KED EA	27 CH DAY		HOURS	OF PAY	PROJ. WEEK	(b) (b)						NET WAGES PAID FOR WEEK
DAUGHERTY, NICHOLAS (b) (6)		Pluober	o s		2.11						2.11	48.00 32.00								723.17
kilkelly, niceolas (b) (6)		aborer	0		1.50						1.50	27.86 18.57	27.86 677. <b>7</b> 8							DIRDEP 503.54
PERSON, MARVIN			0									48,00								DIRDEP
(b) (c)	1	Plumber	s		8.60						8.60	32.00	275.20 764.45							560.21
VOGEL, BRANDON (b) (6)		Laborer	o		8.23						8.23	27.86 18,57	152.83 491.71							DIRDEP 421.97
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Date 3/6/15		
do hereby state:  (1) That I pay or supervise the payment of the persons employed by Clared  on the Guilding or work)  (Contractor or subcontractor)	(b) WHERE FRINGE BENEFITS ARE PAID IN (  - Each laborer or mechanic listed in the above indicated on the payroll, an amount not less hourly wage rate plus the amount of the recontract, except as noted in Section 4(c) be	ve referenced payroll has been paid, as s than the sum of the applicable basic quired fringe benefits as listed in the
day of termination of the state	EXCEPTION (CRAFT)	EXPLANATION
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  (Contractor or subcontractor)		
from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967;76 Stat. 357;40 U.S.C. 276c), and described below:		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therin for each laborer or mechanic conform with the work he performed.	REMARKS	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.		
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	(b) (6)	
If addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.	SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECU 231 OF TITLE 31 OF THE UNITED STATES CODE.	TION. SEE SECTION 1001 OF TITLE 18 AND SECTION

# 55.31 total hours worked

PAYROLL (F. DNTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR  C SQUARED INC	OR SUBCONTR		L802								ADDRE		21 C ST AN UISVILLE K		URCH RD					
PAYROLL NO.		PERIOD E			16/201	5 PEI	RIOD E	ND 02	/22/20	15	PROJE		LOCATION	1 11		PROJEC		NTRACT N	0.	
(1)	(2)	(3)				(4) D	AY ANI	DATE			(5)	(6)	1 av	KIN []		(8) DEDUCTIO				(9) CHECK N
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g.,	NO. OF	WORK CLASSIFI-		Sun 22	Mon 16	Tue	Wed 18	Thu 19	Fri 20	Sat 21	TOTAL HOURS	RATE OF PAY	GROSS PROJ. WEEK	FICA	FED W/H	STATE TAXES	OTHER	OTHER	TOTAL	NET WAS PAID FOR WE
SECURITY NUMBER) OF WORKE PERSON, MARVIN	REXEMPTIONS	CATION				HOURS	WORK	ED EA	CH DAY					(b) (6)						RE
) (6)	(6)	Plumber	o s			8.13	8.27	7.30	4.28		27.98	48.00 32.00	i !							97.
OGEL, BRANDON (6)		/ shew	0									27.86	1 1							;RI
		Laborer	s			7.75	7.85	6.83	4.90		27.33	18.57	507.51				ì			
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Payol (Pite)	(b) WHERE FRINGE BENEFITS ARE PAID IN CA	referenced narmall has been paid, as
do hereby state:  (1) That I pay or supervise the payment of the persons employed by Source  [1] Sourc	<ul> <li>Each laborer or mechanic listed in the above indicated on the payroll, an amount not less thourly wage rate plus the amount of the requirement, except as noted in Section 4(c) belowed the section 4(c) below the se</li></ul>	ired frince benefits as listed in the
(Contractor or subcontractor) on the (Building or work)	(c) EXCEPTIONS	
day of 2 year 305 and ending the 3310 day of 1 year 3615	EXCEPTION (CRAFT)	EXPLANATION
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
(Contractor or subcontractor)		
from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967;76 Stat. 357;40 U.S.C. 276c), and described below:		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therin for each laborer or mechanic conform	REMARKS	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	·	
(4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE	o) (6)
In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECU 231 OF TITLE 31 OF THE UNITED STATES CODE.	TION. SEE SECTION 1001 OF TITLE 18 AND SECTION
except as noted in Section 4(c) below.		

### 62.25 total hours worked

PAYROLL (FC )NTRACTOR'S OPTIONAL USE)

	SUBCONTRA		T 000	,							ADDRE		C ST AN		URCH RD					
C SQUARED INC		= :	L802	4								LOU	DISVILLE K	CY 40214						
PAYROLL NO.		PERIOD :	BEGI	N 02/	09/20	l5 PE	RIOD E	ND 02	/15/20	15	PROJE	CT AND	LOCATION	hall		PROJEC		NTRACT N	Ю,	
(1) NAME AND INDIVIDUAL	(2)	(3)						D DATE			(5)	(6)	(7)			(8) DEDUCTIO	NS SM			CHECK
IDENTIFYING NUMBER (e.g.,	NO. OF WITHHOLDING	WORK CLASSIFI-		Sun 15	Mon 09	Tue 10	Wed 11	Thu 12	Fri 13	Sat 14	TOTAL HOURS	RATE OF PAY	GROSS PROJ. WEEK	FICA	FED W/H	STATE TAXES		OTHER	TOTAL	NET W PAI FOR V
SECURITY NUMBER) OF WORKER PERSON, MARVIN	(b)	CATION			ı	HOURS	WOR	(ED EA	CH DAY	1				(b) (6		TARLE				FOR
(6)		Plumber	0						<u> </u>			48.00	1039.36	(b) (6						
		ואשונפין	s		5.51	7.92	7.62	8.85	2.58	<u> </u>	32.48	32.00	1148.80							
VOGEL, BRANDON		lahen	0									27.86	552.83							
		oborer	s		5.50	7.37	7.03	8.62	1.25		29.77	18.57	552.83			,	·			
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2/20/15
payroll
U (Title)
(1) That I pay or supervise the payment of the persons employed by
7 met us Marstrall
(Contractor or subcontractor) (Building or work)
; that during the payroll period commencing on the
day of to vear 315 and ending the 18th day of tel. year 3015
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said
Cosquares The
(Costractor or subcontractor)
from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967;76 Stat. 357;40 U.S.C. 276c), and described below:
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therin for each laborer or mechanic conform with the work he performed.
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN  - Each laborer or mechanic listed in the abindicated on the payroll, an amount not le hourly wage rate plus the amount of the nontract, except as noted in Section 4(c) in	
(c) EXCEPTIONS	
EXCEPTION (CRAFT)	EXPLANATION
10.00	
EMARKS	

NAME AND TITLE

SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

### 32.25 total hours worked

PAYROLL (F ONTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR C SQUARED INC	OR SUBCONTR		L80:	2				•			ADDR			NDREWS CE	URCH RD					***************************************
PAYROLL NO.		PERIOD :	BEGI	N 02,	02/20	15 PE	RIOD E	ND 02	/08/20	15	PROJE	CT AND	LOCATION MOLYS	sholl			OT OR CO	NTRACT I	<b>I</b> O.	
(1) NAME AND INDIVIDUAL	(2)	(3)				,		D DATE			(5)	(6)	(1)	1 11/41		(8) DEDUCTION				(9)
IDENTIFYING NUMBER (e.g.,	NO. OF WITHHOLDING	WORK CLASSIEL		Sun	Mon	<del>                                     </del>	Wed	Thu	<del></del>	Sat	TOTAL	RATE	GROSS PROJ.	FICA	ren	T	1	T		CHECK NO
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	EXEMPTIONS	CATION		08	02	03 HOURS	04 WORK	D5 ED EA	D6 CH DA	07 	nouks	OF PAY	PROJ. WEEK	FICA	FED W/H	STATE TAXES	OTHER	OTHER	TOTAL.	NET WAG
VOGEL, BRANDON	(b)		0											(b) (6)						
,, (3)	(6)	Laborer			7.85	8.98	7.30	8.12			32.25		598.88 645.86							
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Data	2/13/15
Date	~ 00
	- Jayroll
	(Nate)
(1) That	pay or supervise the payment of the persons employed by
(Contracto	r or subcontractor) (Building or work)
Dre	that during the payroll period commencing on the
day of	2. year 3015 and ending the Hay of Lob. year 3015
all persons em have been or	ployed on said project have been paid the full weekly wages earned, that no rebates will be made either directly or indirectly to or on behalf of said
	Copuared the
	(Contractor or subcontractor)
directly or indi- as defined in F Copeland Act, and described	sekly wages earned by any person and that no deductions have been made either early from the full wages earned by any person, other than permissible deductions tegulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967;76 Stat. 357;40 U.S.C. 276c), below:
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period are corr are not less that	any payrolls otherwise under this contract required to be submitted for the above ect and complete; that the wage rates for laborers or mechanics contained therein an the applicable wage rates contained in any wage determination incorporated at that the classifications set forth therin for each laborer or mechanic conform the performed.
apprenticeship of Apprentices	any apprentices employed in the above period are duly registered in a bona fide program registered with a State apprenticeship agency recognized by the Bureau nip and Training, United States Department of Labor, or if no such recognized n a State, are registered with the Bureau of Apprenticeship and Training, United nent of Labor.
<b>(4)</b> That:	
(a) V	VHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
	in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

#### (c) EXCEPTIONS

EXCEPTION (GRAFT)	EXPLANATION
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MARKS	
ME AND TITLE	(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION	BTA ON

### 49.07 total hours worked

PAYROLL (FC )NTRACTOR'S OPTIONAL USE)

Oline Of Tolling	R SUBCONTRA										AUUKE		21 C ST AN JISVILLE K		JACA AD					
C SQUARED INC		- 1	802													DDO IEC	T OR CON	TRACT N	<u> </u>	
PAYROLL NO.		PERIOD B	EGIN	N 01/2	6/201	5 PER	IOD E	ND 02/	01/201	L5			LOCATION			PROJEC 140		II MOI N	<b>.</b>	
								DATE			(5)	(6)	(7)		<del>_</del>	(8) DEDUCTIO				(9)
(1) NAME AND INDIVIDUAL	(2)	(3)	<b> </b>	Sun	Mon	Tue	Wed	Thu	Fri	Sat	TOTAL		GROSS			I				NET WAG
IDENTIFYING NUMBER (e.g.,	NO. OF WITHHOLDING	Work Classifi-		01	26	27	28	29	30	31	HOURS	OF PAY	<u>PROJ.</u> WEEK	FICA	FED W/H	STATE TAXES	OTHER	OTHER	TOTAL	PAID FOR WE
SECURITY NUMBER) OF WORKER	EXEMPTIONS	CATION	{		<u> </u>	IOURS	WORK	ED EAG	CH DAY											
MAYO, JOSE  (6)	<u> </u>	An	0									27.86	164.90							
		robour	s			6.25		2.63			8.88	18.57	482.11							
PERSON, MARVIN	1																			
(6)		Plinker	٥								0.00	48.00 32.00	288.00 1127.83							
		i www.i	ş			6.32		2.68			9.00	1/	1127.63							
VOGEL, BRANDON			٥									27.86	579.20							
(6)		Laborer			6.9B	8.12	<b></b>	8.17		7.92	31.19	<del></del>	579.20							
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D) (6)		
(Title)  (Title)  (Title)  (Title)  (Title)  (Contractor or subcontractor)  (Contractor or subcontractor)  (Contractor or subcontractor)  (Building or work)	(b) WHERE FRINGE BENEFITS ARE PAID IN Control of the payor, an amount not less hourly wage rate plus the amount of the requestion of the contract, except as noted in Section 4(c) be	re referenced payroll has been paid, as than the sum of the applicable basic ruired fringe benefits as listed in the
day of	EXCEPTION (CRAFT)	EXPLANATION
(Cartifactor or subcontractor)		
from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967;76 Stat. 357;40 U.S.C. 276c), and described below:		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therin for each laborer or mechanic conform with the work he performed.	REMARKS	
(3) That any apprentices employed in the above period are duty registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.		
(4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.	NAME AND TITLE  Debie Enssman Paris  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTI 231 OF TITLE 31 OF THE UNITED STATES CODE.	ST.

### 60.43 total hours worked

PAYROLL (FG INTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR OF	R SUBCONTRA	ACTOR									ADDRE		1 C ST AN ISVILLE K		URCH RD					
C SQUARED INC		- I	3802													DBO IEC	T OP COM	ITRACT N	0.	
PAYROLL NO.									nr (202				LOCATION	$n_{\rm co}$		PROJEC 140				
5		PERIOD B	EGI	2 OT/	19/201	5 PER	IOD E	/נט פו	25/201	د.		NOT		Celle	vouse.					(9)
(1)	(2)	(3)				(4) D.	AY ANI	DATE			(5)	(6)	(7) GROSS			(8) DEDUCTIO	NS			CHECK NO
NAME AND INDIVIDUAL	NO. OF	WORK		Sun	Mon	Tue	Wed	Thu	Pri	Sat	TOTAL	RATE	PROJ.	FICA	FED	STATE	OTHER	OTHER	TOTAL	NET WAGE
IDCH IN THE HOUSE IN ITEM	ARTERISTON DING	CLASSIFI-		25	19_	20	21	22	23		HOURS	OF PAT	WEEK		W/H	TAXES	<u> </u>	<u> </u>		FOR WEE
SECURITY NUMBER) OF WORKER	EXEMPTIONS	CATION				HOURS	WUKF	ED EAG	ואט חי					(b) (6)						
PERSON, MARVIN	,	١,	0									48.00	209.28							
(6)		Humber	s		6.54						6.54	32.00	903.35							
			ů									$V_{}$								
VOGEL, BRANDON			0		3.73						3.73	27.86	942.53							
o) (6)		Laborer	$\vdash$		25.03	7.95		4.18		8.00	45.16		942.53	1						
			S									V	<u> </u>							
WILSON, JASON		T	0				_					27.86	92.85							
(6)		Lobert	با.			<u> </u>	├ -			<del> </del>	5.00	<del> </del>	693.65	1						
		EDEO! O!	s		5.00					_	]	V								
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Date 2215	
(b) (6)  Payroll  (title)	(b) WHERE FRINGE BENEFITS ARE P
do hereby state:  (1) That I pay or supervise the payment of the persons employed by	<ul> <li>Each laborer or mechanic listed in Indicated on the payroll, an amoun hourly wage rate plus the amount of contract, except as noted in Section</li> </ul>
(Contractor or subcontractor)  on the US Marshall Collhouse (Building or work)	(c) EXCEPTIONS
that during the payroll period commencing on the	EXCEPTION (CRAFT)
day of	
(Confractor or subcontractor)  from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtifle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967;76 Stat. 357;40 U.S.C. 276c), and described below:	
as defined in Regulations, Part 3 (29 CFR Subtile A), issued by the Sections of Stat. 357;40 U.S.C. 276c), Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967;76 Stat. 357;40 U.S.C. 276c), and described below:	
A Live of the shows	
(2) That any payrolls otherwise under this confract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therin for each laborer or mechanic conform with the work he performed.	REMARKS
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE  Debbie Grassman / Payroll
In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF SUBCONTRACTOR TO CIVIL OR CRIMINAL 231 OF TITLE 31 OF THE UNITED STATES (

<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>					
(c) EXCEPTIONS					
EXCEPTION (CRAFT)	EXPLANATION				
REMARKS	3				
NAME AND TITLE	0) (6)				

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEWISHTS WAT COOKED THE 18 AND SECTION SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF THE UNITED STATES CODE.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

# 7.22 total hours worked

PAYROLL (FO. INTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR O	R SUBCONTR	ACTOR									ADDRE		1 C ST AN		RCH RD						
C SQUARED INC		- :	L802										ISVILLE K	Y 40214							
PAYROLL NO.										PROJECT AND LOCATION PROJECT OR CONTRACT NO.											
4		PERIOD I	BEGI	N 01/12/2015 PERIOD END 01/18/2015						US	Ma	rshall			7-51	0 / 14					
- 4)	(2)	(3)				(4) D	AY ANI	DATE				(6)	(7)			(8) DEDUCTIO		(9) CHECK NO.			
(1) / NAME AND INDIVIDUAL	1	l .		Sun	Mon		Wed	Thu		Sat	TOTAL		GROSS						TOTAL	NET WAG	
IDENTIFYING NUMBER (e.g.,	NO. OF WITHHOLDING	WORK CLASSIFI-		18	12	13	14	15		17	HOURS	OF PAY	PROJ. WEEK	FICA	FED W/H	STATE TAXES	OTHER	OTHER	TOTAL	PAID FOR WEEK	
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(6)		Pouvoll (Title)
do hereby	state:	
(1) TI	hat I pay or supervise the payment	of the persons employed by
	alm.	on the US Marchall
(Contr	ractor or subcontractor)	(Building or work)
Ωn	: that during the	payroll period commencing on the
12		18th a
day of	year 05 and	en paid the full weekly wages earlied, that no rebates
all persori have beer	is amployed on said project have been of will be made either directly or inc	directly to or on behalf of said
	<b></b>	ounted The
	(Contra	estor or subcontractor)
Copeland and desci	Act, as amended (48 Stat. 948,63 S ribed below:	son and that no deductions have been made elited of d by any person, other than permissible deductions of the secretary of Labor under the stat. 108, 72 Stat. 967;76 Stat. 357;40 U.S.C. 276c),
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period are are not le into the c	e correct and complete; that the way	this contract required to be submitted for the above the rates for laborers or mechanics contained therein ontained in any wage determination incorporated orth therin for each laborer or mechanic conform
of Appret	That any apprentices employed in to seship program registered with a State nticeship and Training, United States exists in a State, are registered with the epartment of Labor.	the above period are duly registered in a bona fide te apprenticeship agency recognized by the Bureau s Department of Labor, or if no such recognized he Bureau of Apprenticeship and Training, United

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(4) That:

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below. (c) EXCEPTIONS **EXPLANATION EXCEPTION (CRAFT)** REMARKS NAME AND TITLE THE WILLFUL FALSIFICATION OF ANY OF THE ABOV SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SEC

231 OF TITLE 31 OF THE UNITED STATES CODE.

# 31.65 total hours worked

PAYROLL (FC UNTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR O	R SUBCONTR										ADUKE		1 C ST AN							
C SQUARED INC		- 1	L802	: —												PROJEC	T OR CON	TRACT NO	D.	
PAYROLL NO.		T					TOD 18	T 01	/11/201	5			LOCATION			140				
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NAME AND INDIVIDUAL	אס סד	WORK		Sun	Mon	Tue	Wed	Thu	Fri	Sat	TOTAL HOURS	RATE	PROJ.	FICA	FED	STATE	OTHER	OTHER	TOTAL	NET WAS
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PARSON, MARVIN		l N	0					<u></u>				48.00								
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VOGEL, BRANDON			0	1								27.86	281.34							
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Date 11615		
do hereby state:  (1) That I pay or supervise the payment of the persons employed by Carlon (Contractor or subcontractor)  (Contractor or subcontractor)  (Building or work)	(b) WHERE FRINGE BENEFITS ARE PAID IN C  - Each laborer or mechanic listed in the above indicated on the payroll, an amount not less hourly wage rate plus the amount of the requestract, except as noted in Section 4(c) be (c) EXCEPTIONS	a de la constitución de la const
day of	EXCEPTION (CRAFT)	EXPLANATION
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  Contractor or subcontractor)		
from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967;76 Stat. 357;40 U.S.C. 276c), and described below:		
(a)		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therin for each laborer or mechanic conform with the work he performed.	REMARKS	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.		
(A) That		SIGNATURE
<ul> <li>(4) That:</li> <li>(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS</li> </ul>	Debie Grassman PAM	(6)
In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROS 231 OF TITLE 31 OF THE UNITED STATES CODE.	

# 51.35 total hours worked

PAYROLL (FO. ATRACTOR'S OPTIONAL USE)

OF CONTRACTOR O	R SUBCONTRA	CTOR								1	DDRES	S 732	l C ST AND ISVILLE KY	KEWS CE 40214	IURCH KU					
C SQUARED INC	(0000000		802													PROJEC:	T OR CON	TRACT N	o.	
											PROJECT AND LOCATION PROJECT OR CONTRACT NO.  1407W  (9)									
PAYROLL NO.		PERIOD B	EGIN	12/2	9/2014	PER	IOD EN	D 01/	04/2015		U5	///a	rappax	<u> </u>		(8)				(9) CHECK NO.
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(1) NAME AND INDIVIDUAL	(2)	(3)	<b> </b>	Sun	Mon	Tue	Wed	Thu			TOTAL	RATE	PROJ.	FICA	FED	STATE	OTHER	OTHER	TOTAL	NET WAGE
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do hereby state:
(1) That I pay or supervise the payment of the persons employed by
(Contractor or subcontractor) on the US I (Building or work)
A CA
; that during the payroll period commencing on the
day of Doc year 2014 and ending the 4th day of Jam, year 2014
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said
Trave been by will be made entries directly of indirectly to or on both of our
(Contractor or subcontractor)
(COLLEGED)
from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions
as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 72 Stat. 967,76 Stat. 357,40 U.S.C. 276c),
and described below:
(2) That any payrolls otherwise under this contract required to be submitted for the above
period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated
Into the contract; that the classifications set forth therin for each laborer or mechanic conform with the work he performed.
(2) The second s
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized
or Apprenticeship and training, United States Department of Labor, or in the start recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
States Department of Labor.
(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payrolf, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.							
(c) EXCEPTIONS							
EXCEPTION (CRAFT)	EXPLANATION						
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REMARKS	J.,						
	-						

NAME AND TITLE

bbie Grassman Pryno

THE WILLFUL FALSIFICATION OF ANY OF THE ABO' SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF THE UNITED STATES CODE.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

certificate floract in fied of Sacri chaof Schiefit(3)							
PRODUCER	CONTACT NAME:						
The Underwriters Group, Inc. 1700 Eastpoint Parkway	PHONE (A/C, No. Ext): 502-244-1343 FAX (A/C, No): 502-244-1 E-MAIL ADDRESS:						
P.O. Box 23790	INSURER(S) AFFORDING COVERAGE	NAIC#					
Louisville, KY 40223	INSURER A: Cincinnati Indemnity Company	23280					
INSURED	INSURER B: Kentucky AGC Self Ins Fund						
David Construction Inc	INSURER C:						
1330 W Breckinridge St	INSURER D:						
Louisville, KY 40210	INSURER E:						
	INSURER F:						

**COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** 

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR		ADDL			POLICY EFF	POLICY EXP		
INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
А	GENERAL LIABILITY			(b) (4)	11/01/2013	11/01/2014	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY				11/01/2015	11/01/2011	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X JECT LOC							\$
А	AUTOMOBILE LIABILITY			(b) (4)	11/01/2013	11/01/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
A	X UMBRELLA LIAB X OCCUR			(b) (4)	11/01/2013	11/01/2014	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,000,000
	DED RETENTION\$			b) (4)				\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			(b) (4)	01/01/2013	12/31/2013	X WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$4,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$4,000,000
Α	Equipment Leased or			(b) (4)	11/01/2013	11/01/2014	Limit	250,000
	Rented From Others							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Building KY00045ZZ - Project RKY00086, Louisville, KY. Gene Snyder US Coruthouse.

CERTIFICATE HOLDER	CANCELLATION
GSA, PBS, Acquistion Division Small Projects Branch (4PQP) 77 Forsyth Street, Room T8	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Atlanta, GA 30303	AUTHORIZ (b) (6)

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#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>1</b> /		
PRODUCER	CONTACT NAME:	
The Underwriters Group, Inc. 1700 Eastpoint Parkway	PHONE	44-1411
P.O. Box 23790	INSURER(S) AFFORDING COVERAGE	NAIC#
Louisville, KY 40223	INSURERA: Cincinnati Indemnity Company	23280
INSURED	INSURER B: Kentucky AGC Self Ins Fund	
David Construction Inc	INSURER C:	
1330 W Breckinridge St	INSURER D:	
Louisville, KY 40210	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ISR TR	TYPE OF INSURANCE	ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY			(b) (4)	11/01/2013	11/01/2014	PREMISES (Ea occurrence)	\$1,000,000 \$500,000
	CLAIMS-MADE X OCCUR							\$10,000 \$1,000,000
-	GEN'L AGGREGATE LIMIT APPLIES PER:							\$2,000,000 \$2,000,000 \$
	AUTOMOBILE LIABILITY  X ANY AUTO			(b) (4)	11/01/2013	11/01/2014	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$1,000,000 \$
	ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$
-	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$	_	(b	) (4)	11/01/2013	11/01/2014	EACH OCCURRENCE AGGREGATE	\$10,000,000 \$10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		(b) (b) (4)	01/01/2014	12/31/2014	X WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
	Equipment Leased or Rented From Others			(5) (4)	11/01/2013	11/01/2014	Limit	250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Building KY00045ZZ, Gene Snyder US Courthouse, Louisville, KY.
Project: Cellblock Renovation, Contract # GS-04P-10-EX-D-0025/GS-04P-14-14-EX-D-0023.
Cox Allen & Associates, Architect is Additional Insured with respect to General Liability.

CERTIFICATE HOLDER CANCELLATION

US GSA, PBS, Acquisition Division
Small Projects Branch, (4PQP)
77 Forsyth Street, Room T8

Atlanta, GA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZE (b) (6)

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Certified Payroll Register 4 TOTAL YOURS WOLFE

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<u>Job</u>	
Gene Snyder Courthouse	

Contractor
American Tile Co Inc
1335 Payne Street
Louisville, KY 40204

<u>Customer</u>
David Construction
1330 W. Breckinridge Street
Louisville, KY 40210

Job Number: SNYDER
Week Ending: 2/11/2015

-- Deductions --Local Soc Sec No. -- Hours Worked This Job Gross Pav Fica Other Check # Class 02/09 02/10 02/11 02/05 02/06 02/07 02/08 Pav This Job Med Name / Address Mar Exemp. Mon Tue Wed Thu Fri Sat Sun Tot All Jobs State Total Net Pav -==<u>=</u>E . bubbarreessburgersssssburgerssssburgerssssburgerssssburgerssssburgersssssburgersssssburgersssssburgers Pay Hours Regular 0.000 0.00 Overtime 0.000 0.00 0.000  $\overline{0.00}$ 

I, Jewell Mattingly (name of signatory part), CEO (title) do hereby state:

1] That I pay or supervise the payment of the persons employed by American Tile Co Inc on the Gene Snyder Courthouse that during the payroll period commencing on 2/5/2015 and ending 2/11/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said American Tile Co Inc (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

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2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

--In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

XX ----Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)	EXPLANATION			
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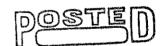
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#### Certified Payroll Register

Page: 1

Job Gene Snyder Courthouse	Contracto Americar 1335 Pay Louisville	Tile Co ne Stree	t			Custome David Co 1330 W. Louisville	nstructio Breckinr	idge Stre	et	27 200	Job Num Week End	nber: SNYD ling: 12/31		ý.
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16 total hours worked



<u>Job</u> Gene Snyder Courthouse Contractor American Tile Co Inc 1335 Payne Street Louisville, KY 40204 <u>Customer</u>
David Construction
1330 W. Breckinridge Street
Louisville, KY 40210

Job Number: SNYDER Week Ending: 12/31/2014

Jewell Mattingly (name of signatory part), CEO (title) do hereby state:  1] That I pay or supervise the payment of the persons employed by American Tile Co Inc on the Gene Snyder Courthouse that during the payroll period commencing on 12/25/2014 and ending 12/31/2014, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said American Tile Co Inc (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), assued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:
2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
4] That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.
(B) WHERE FRINGE BENEFITS ARE PAID IN CASH  ON First Jahorer or mechanic listed in the above referenced payroll has been paid, as indicated on the
payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.  (c) EXCEPTION (CRAFT) EXPLANATION
Child Support, employee loan, uniforms,
REMARKS

Name and title

\_Jewell Mattingly, CEO\_ The Willful Falsification Of Any Of The Ab Criminal Prosecution. See Section 1001 O ra Of

ractor Or SubContractor To Civil Or Of The United States.

#### STATEMENT OF COMPLIANCE

Date February 5, 20	115				
1	Beth Keehner (name of signatory party	)		rative Assistant	do hereby state
(1) That I pay or supervis	e the payment of the person		<u>.                                    </u>	r or subcontractor)	OI
	myder Counhouse Bullding or work)	that during th	e payroll period commencing		February
2015 and ending the	7 day of Februa		persons employed on said		· ·
earned, that no rebates have			(Contracto	Dalmatian Fire, Inc r or subcontractor)	
weekly wages earned by any other than permissible deduc as amended (48 Stat. 948.63	ctions as defined in Regulat Stat 108, 72 Stat 967; 76 S	ions, Part 3 (29 CF) tat 357; 40 U.S.C. 2	R Subtitle A), issued by the	Secretary of Labor under t	by any person, the Copeland Act.
for laborers or mechanics co contract; that the classification	ontained therein are not less n set forth therein for each la	s than the applicable borer or mechanic	conform with the work he per	ny wage determination incor formed.	porated into the
(3) That any apprentices iceship agency recognized by in a State, are registered with	/ the Bureau of Apprenticesh	nip and Training, Ur	ed in a bona fide apprentices hited States Department of La hited States Department of La	ibor, or if no such recognize	the State appren- d agency exists
(4) That: (a) WHERE FRINGE	E BENEFITS ARE PAID TO	APPROVED PLAN	S, FUNDS OR PROGRAMS		
Fringe benef	the basic hourly wage rater its as listed in the contract had in Section 4 (c) below.	s paid to each labo ave been or will be	orer or mechanic listed in the made to appropriate progran	above referenced payroll p as for the benefit of such em	ayments of nployees. ex-
(b) WHERE FRINGE	E BENEFITS ARE PAID IN (	CASH			
than the sum	or mechanic listed in the ab n of the applicable basic hou d in section 4 (c) below.	ove referenced parily wage rate plus the	yroll has been paid as indica ne amount of the required frin	ted on the payroll, an amounge benefits as listed in the	int not less contract, ex-
(c) EXCEPTIONS					
((	CRAFT) EXCEPTION		1	EXPLANATION	
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	00000	<b>四</b>		FEB 2 3 2015	
			DA\	/ID CONSTRUCTION, INC	
			(b) (6)		
IAME AND TITLE Beth P	Keehner Administ	trative Assistaı		NATURE	

#### STATEMENT OF COMPLIANCE

(1) That I pay or supervise the payment of the persons employed by  (1) That I pay or supervise the payment of the persons employed by  (2) Dalmatian Fire, Inc.  (Contractor or subcontractor)  (Contractor or subcontractor)  (Contractor or subcontractor)  (A) That I pay or supervise the payment of the persons employed on said project have been paid the full weekly wages  (A) Dalmatian Fire, Inc.  (Contractor or subcontractor)  (Con	Date _	February 19,	· · · · · · · · · · · · · · · · · · ·	th Keehner			Administrative Assistant	do hereby state:
the Gene Snyder Courthouse	_	haf I nav or suner	(name	of signatory party)	employed by		(Title)	on
2015 and ending the 14 day of February 2015, all persons employed on said project have been paid the full weekly wages harmed, that no rebates have been or will be made either directly or indirectly to or on behalf of said (Contrated viscourcement). The contract has been or will be made either directly or indirectly from the full vegete aemed by any person, where then permissible discustions as defined in Regulations, Part 5 (26 CF Subtile 2), issued by the Scenarary of Labor under the Copeland Act.  (2) That any payralls, otherwise under this contract required to be submitted for the above period are porced and complete; that the wage rates or aboves or above.  (3) That any payralls, otherwise under this contract required to be submitted for the above period are porced and complete; that the wage rates or aboves or mechanics contained therein are not also than the subscition wage rates or aboves or mechanics or mechanics are formed.  (3) That any apprentices employed in the above period are duly registered in a bone fide apprentices that the subscitions is forth better for each laborer or mechanic contain with the work to program registered with the Strate apprenticeship program registered with the Strate apprenticeship program registered with the Strate apprenticeship in program registered with the Strate apprenticeship apprentices are formed.  (4) That  (a) Weiter FRINGE BENEFITS ARE FAID TO APPROVED PLANS, FUNDS OR PROGRAMS  (b) Weiter FRINGE BENEFITS ARE FAID IN CASH.  (b) Weiter FRINGE BENEFITS ARE FAID IN CASH.  (c) EXCEPTIONS  (c) EXCEPTIONS  Administrative Assistant  Beth Keehner  Administrative Assistant  (b) Beth Keehner  Administrative Assistant						the payroll perio	(Contractor or subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the ful wages carried by any person and that no deductions have been made either directly or indirectly from the ful wages carried by any person, the same of the first person of the full wages carried by any person and that no deductions Part 8 (28 CFR Subtle A), Baused by the Secretary of Labor under the Copeland Act. as amended (48 Stat. 148.63 Stat. 109, 72 Stat. 987, 76 Stat. 357, 40 U.S.C. 276p and described below.  (2) That any psyrolls otherwise under this contract required to be submitted for the above ceriod are correct and complete; that the wage rates or aboves a contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classification set forth therein for each laborer or mechanic contorn with the work he performed.  (3) That any psyrolizes employed in the above period are duty registered with the State apprenticeship agency recognized by the Direau of Apprenticeship and Training, United States Department of Labor, or if no such recognized spenty exists in a State, are registered with the State apprenticeship agency recognized by the Direau of Apprenticeship and Training, United States Department of Labor, or if no such recognized spenty exists.  (a) Wellette Frinces Better State Pallo to Apprenticeship and Training, United States Department of Labor.  (b) Wellette Frinces Better State Pallo to Apprenticeship and Training, United States Department of Labor.  (c) Wellette Frinces Better State Pallo to Apprenticeship and Training, United States Department of Labor.  (d) Wellette Frinces Better State Pallo to Apprenticeship and Training United States Department of Labor.  (e) Wellette Frinces Better State Pallo to Apprenticeship and Training United States Department of Labor.  (e) Exceptions  (fig. 12	_	5. January 12 - 22 - 22 - 22 - 22 - 22 - 22 - 22			_			
weekly wages earned by any person and that no doductions have been made either directly on Indirectly from the full wages earned by any person, there than permissible decuctions as defined in Regulations, Part 3 (28 CFR Subtle A), Basued by the Secretary of Labor under the Copelana Act, as amended (48 Stat. 148, 83 Stat. 108, 72 Stat. 1977, 76 Stat. 1977, 76 Stat. 1977, 76 Stat. 1977, 76 Stat. 1977, 77 Stat. 1977, 79 Stat		-				•	The second secon	No. 1 Miles Till
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates or isborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classification set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are day registered in a bone fide apprenticeship period with the State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or fine auch recognized agency exists in a State, are registered with the State apprenticeship agency recognized agency exists in a State, are registered with the State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor.  (4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS  (b) Inaddition to the basic houry wage rates paid to each laborer or mechanic listed in the above referenced payroll payments of Fringe benefits as fisted in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.  (b) WHERE FRINGE BENEFITS ARE PAID IN CASH  (c) Each laborer or mechanic listed in the above referenced payroll has been paid as Indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate pilus the amount of the required fringe benefits as listed in the contract, except than the sum of the applicable basic hourly wage rate pilus the amount of the required fringe benefits as listed in the contract, except than the sum of the applicable basic hourly wage rate pilus the amount of the required fringe benefits as listed in the contract, except the program and the program and the program and the program and the program and the program and the program and the program and the program and the pr	other tha	n permissible de	ductions as define	ed in Regulatior Stat 967; 76 Stat	ns, Part 3 (29 CF : 357; 40 U.S.C.	CFR Subtitle A), C. 276c) an desc	etiy or indirectly from the full wages earned be issued by the Secretary of Labor under the pribed below:	y any person, e Copeland Act.
or laborers or microbanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classification set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the State apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the State apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the State apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the State apprenticeship and Training, United States Department of Labor.  (a) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS  [X] In addition to the basis hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe banefits as listed in the contract, except a sum of the applicable payroll has been paid as indicated on the payroll applicable payroll has bee				Į šaij	NO ACTIVIT	III II III S PEI	RIOD V	
or laborers or microbanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classification set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the State apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the State apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the State apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the State apprenticeship and Training, United States Department of Labor.  (a) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS  [X] In addition to the basis hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe banefits as listed in the contract, except a sum of the applicable payroll has been paid as indicated on the payroll applicable payroll has bee								
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THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY	NAME AND	TITLE Bet	h Keehner	Administ	rative Assis	stant (b) (b)	SIGNATURE	
CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.								

2.25 total MUNS worked

PAGE 1 OF 1 SHEETS						<u> </u>	<i>V</i> • •	_	, –	1	<u> </u>	<u>, N</u>	ONTRACTOR	0001	110	<del>-</del>							
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TOTAL EMPLOYEES:	5		2.25											\$111.38	\$1,769.04	\$330.75	\$92.21	\$38.92	\$107.93	\$25.24		\$100.44	\$1,073.55

TOTAL HOURS:

2,25

2.25

#### STATEMENT OF COMPLIANCE

Form Approved OMB No 1215-0149 Expires June 30, 2000

The public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (1215-0149), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.

1 DAVDOLL NUMBER	DAYBOLL BAYARNE BATE (		CONTRACT NUMBER	in la ma	
1. PAYROLL NUMBER 40 FINAL	2. PAYROLL PAYMENT DATE (YY 3/20/2015	YYYMMDD) 3	CONTRACT NUMBE GSA Stair Egr		TE (YYYYMMDD) 3/19/2015
l, Theodore L		Ser	vice Supervisor		, do hereby state
(Name of signator	y party)		(Title)		· · · ·
(1) That I pay or supervise th	he payment of the persons employed b	ру		hauer Plumbin	ıg
4 Cong Spydor USCU	1			·	
1 Gene Snyder USCH	auliding or work)	; that during t	ne payroll period comn	nencing on the	5 day of
March	, 20 15 , and ending the	11	day ofMa	irch ,	20 <u>15</u> , all persons
employed on said project have t	been paid the full weekly wages earned	d, that no rebate	s have been or will be	made either dired	ctly or indirectly
to or on behalf of said	Dauenhauer Plumbi (Contractor or Subcontractor		from the fe	ull weekly wages	earned by any person,
72 Stat. 967; 76 Stat. 357; 40 U		etary of Labor ur	der the Copeland Act,	as amended (48	Stat. 948; 63 Stat. 108;
Health Insurance, HAS Con- Contribution, Child Support	tributions, Dental Insurance, Visi t	ion Insurance,	Life Insurance (Emp	o, Spouse, Chil	d) LTD, STD, 401(k)
laborers and mechanics contain contract; that the classifications  (3) That any apprentices er apprenticeship agency recogniz exists in a State, are registered (4) That:  (a) WHERE FRINGE BENE  * In addition to the basic as listed in the contract below.  (b) WHERE FRINGE BENE  * Each laborer or mechan the applicable basic houbelow.  (c) EXCEPTIONS	nic listed in the above referenced payrourly wage rate plus the amount of the	plicable wage ratechanic conformuly registered in Training, United Trainin	es contained in any waith the work performed a bona fide apprention of States Department of States Department of PROGRAMS**  ted in the above reference the benefit of such emandation as indicated on the parametric as listed in the organization.	vage determination  ceship program of Labor, or if no selection  cenced payroll, payrolloyees, except  ayroll an amount accontract, except a	registered with a State such recognized agency ments of fringe benefits as noted in Section 4(c)
EXC	CEPTION (Craft)		E	KPLANATION	
		<del>-  </del>			
5. REMARKS		· · · · · · · · · · · · · · · · · · ·			(6)
6. NAME (Last, First, Middle initial)	7. TITLE				
Arena, Theod		Service Sur			
The willful falsification of any of the abov See Section 1001 of Title 18 and Section	ve statements may subject the contractor or subcon 3729 of Title 31 of the United States Code.	contractor to civil or cri	minal prosecution.	1	

### Dauenhauer Plumbing 3416 Robards Court Louisville, KY 40218

David Construction 1330 Breckinridge Street Louisville, KY 40210

RECEIVED

MAR 2 0 2015

RE: GSA Stair Egress (Project# 13-015)

DAVID CONSTRUCTION, INC.

The following schedule reflects weeks for which No Work was performed by our company on the above referenced project.

Payroll #	Payroll Period		Payroll #	Payroll Period
36 🗸	Feb 5, 2015-Feb 11, 2015			
37 🗸	Feb 12, 2015-Feb 18, 2015			
38	Feb 19, 2015-Feb 25, 2015			
39	Feb 26, 2015-Mar 4, 2015			
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			Nate	3/13/15
	1/910/201		Date	



11 total hours weekly payroll

CONTRACTOR	David Construction			<u>·</u>		•	1_1	<del></del>		יע		nu	NTRACTOR										
CONTRACTOR	1330 Breckinridge Str	eet										SUBCC		Dauenhauer	Plumbing								
ADDRESS	Louisville, KY 40210												104	Dago Induor	1 turniping«								
	Inno ison on course	. O.T.		Ed months of the		3.238.2						ADDRE	.ss	3416 Robard	ls Court, Loui	sville, KY	40218						
	PROJECT OR CONTRA	ACIN	VO.	SUSA S	tair Egre	9 <b>8</b> A					WEEK E	NDING		PROJECT AND	LOCATION	Gene Sn	yder USC	н			WAGE DE	CISION NO.	./DATED
\$ \$55											Fel	ruary 4	, 2015				sville, KY	•			KY201	30065.0	08/01/20
					DA'	Y AND E	ATE			T		1	<del>                                     </del>			1	211110, 111		DEDUCTIONS	i	1111201	1	10,01120
NAME, ADDRESS	WORK	Ш	<u> </u>				,	`		HRS	HRLY	HRLY	TOTAL	GROSS AMT	GROSS AMT		STATE	LOCAL	SOCIAL	SECURITY	STATE		1
AND SOCIAL SECURITY NUMBER OF EMPLOYEE	CLASSIFICATION	Н	R 1/29	F 1/30	1/31	S 2/1	M 2/2	T 2/3	W 2/4	FOR WEEK	BASE RATE	F.B. RATE	AMT PAID with F.B.	EARNED THIS PROJECT	EARNED ALL PROJECTS	FED INCOM	AE INCOME	INCOME			DISAB		NET AMOU
(b) (6)	OLAGON IGATION		1120	11100	1.01	2.			-2-	WEEK	KAIE	RATE	Will F.B.	PROJECT	PROJECTS	(b) (	6)						
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Randy A Roeder (b) (6)																							
(6)	_	$\parallel \rightarrow \parallel$				<u> </u>		-			\$65,36	ļ	\$65.36										
	plumber	ន					}				\$43.57	\$16.17	\$59.74										
Michael L Weinberg (b) (6)		0																					
Michael L Weinberg		Щ		-							\$71.54		\$71.54										
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Mark T Griffi (b) (6)											\$48.00		\$48.00										
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TOTAL HOURS:

11,00

11.00

#### STATEMENT OF COMPLIANCE

Form Approved OMB No 1215-0149 Expires June 30, 2000

The public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (1215-0149), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ADDRESS. RETURN THE COMPLETED FORM TO THE CONTRACTING OFFICER.

1. PAYROLL NUMBER	2. PAYROLL PA	AYMENT DATE (YYYYMMDD)	3. CONTRACT NUMBER	4. DATE (YYYYMMDD)
35		2/13/2015	GSA Stair Egree	2/12/2015
I, Theodore L			Service Supervisor	, do hereby state
, -	• • • • • • • • • • • • • • • • • • • •	arana anninyad by	(Title)	u Diumbina
(1) That I pay or supervise	the payment of the p	ersons employed by	Dauenhauer (Contractor or Su	
1 Gene Snyder USC	Н	; that dur	ing the payroll period commencing	g on the 29 day of
	(Building or work)			-
January		, and ending the 4	day of February	, 20 15 , all persons
to or on behalf of said	•		bates have been or will be made	
to or orr benail or said		uenhauer Plumbing ontractor or Subcontractor)	Irom the full wee	kly wages earned by any person,
defined in Regulations Part 3 72 Stat. 967; 76 Stat. 357; 40 FIT, SIT, LIT, FICA, Medic	(29 CFR Subtitle A), U.S.C. 276c), and de	issued by the Secretary of Labo escribed below:	or under the Copeland Act, as am	ner than permissible deductions as nended (48 Stat. 948; 63 Stat. 108; buse, Child) LTD, STD, 401(k)
Contribution, Child Suppo			eo, Ene mauranec (Emp, ope	
laborers and mechanics cont contract; that the classification (3) That any apprentices apprenticeship agency recogn	ained therein are no ns set forth therein for employed in the ab- nized by the Bureau o	of less than the applicable wag reach laborer or mechanic conf ove period are duly registered of Apprenticeship and Training,	e rates contained in any wage d form with the work performed. d in a bona fide apprenticeship United States Department of Labo	t and complete, that the wage for letermination incorporated into the program registered with a State or, or if no such recognized agency
exists in a State, are registere (4) That:	d with the Bureau of	Apprenticeship and Training, U	nited States Department of Labor.	
	VEEITS ARE PAID T	O APPROVED PLANS, FUNDS	OP PROCEAMS**	
* $\chi$ In addition to the bas	sic hourly wage rates	paid to each laborer or mechan	ic listed in the above referenced p	payroll, payments of fringe benefits es, except as noted in Section 4(c)
(b) WHERE FRINGE BEI Each laborer or mech the applicable basic h below.	anic listed in the abov	ve referenced payroll has been	paid as indicated on the payroll a ge benefits as listed in the contra	an amount not less than the sum of ct, except as noted in Section 4(c)
(c) EXCEPTIONS	XCEPTION (Craft)		PATON A A	IAZIONI
lan	XOLI TION (CIAIL)		EXPLAN	ATION
				the state of the s
5. REMARKS			(b) (6	()
6. NAME (Last, First, Middle Initia	al)	7. TITLE		
Arena, The	odore l	Samine	Supervisor	
The willful falsification of any of the ab	pove statements may subje	ect the contractor or subcontractor to civi		
See Section 1001 of Title 18 and Section DD Form 879, APR 1998 (EG)	ion 3729 of Title 31 of the	United States Code.	•	
20 1:0(III 079, AFK 1990 (EG)		PREVIOUS EDITION MA	NI DE USED.	

#### Dauenhauer Plumbing 3416 Robards Court Louisville, KY 40218

David Construction 1330 Breckinridge Street Louisville, KY 40210

RECEIVED

MAR 2 0 2015

RE:

GSA Stair Egress (Project# 13-015)

DAVID CONSTRUCTION, INC.

The following schedule reflects weeks for which No Work was performed by our company on the above referenced project.

referenced project.	*	REVISED
		REVISET.

Payroll #	Payroll Period	Payroll #	Payroll Period
17 🗸	Sept 25, 2014-Oct 1, 2014	32 🗸	Jan 8, 2015-Jan 14, 2015
18 🗸	Oct 2, 2014-Oct 8, 2014	33 🇸	Jan 15, 2015-Jan 21, 2015
19 🗸	Oct 9, 2014-Oct 15, 2014	34 🗸	Jan 22, 2015-Jan 28, 2015
20 🗸	Oct 16, 2014-Oct 22, 2014		
21 🗸	Oct 23, 2014-Oct 29, 2014		
22 🗸	Oct 30, 2014-Nov 5, 2014		
23 🇸	Nov 6, 2014-Nov 12, 2014		
24 🗸	Nov 13, 2014-Nov 19, 2014		
25 🇸	Nov 20, 2014-Nov 26, 2014		
26 🗸	Nov 27, 2014-Dec 3, 2014		
27 🗸	Dec 4, 2014-Dec 10, 2014		
28 🗸	Dec 11, 2014-Dec 17, 2014		
29 🗸	Dec 18, 2014-Dec 24, 2014		
30 🗸	Dec 25, 2014-Dec 31, 2014		

Sig					
Title:	201	ver	V15	01	۷.
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Nate



### U.S. Department of Labor

#### PAYROLL



u a parentment of Labor	(For Contractor's Optional Use; See Inst	PAYROLL	forms/wh347instr.htm)	U.S. Wage and Hour Division
U.S. Department of Labor Wage and Hour Division	(For Contractor's Optional Use; See Inst	ructions at warm, and a currently	valid OMB control number.	Rev. Dec. 2008
Viago and Home	(For Contractor's Optional Use; See Inst Persons are not required to respond to the collection	ADDRESS		OMB No.: 1235-0008 Expires: 01/31/2015
NAME OF CONTRACTOR OR SUBCONTRACTOR		: Cross and a	PROJECT OR CO	
NAME OF CONTRACTOR OR SUBCONTRACTOR DE	ina	PROJECT AND LOCATION	1 A PROJECT ON SO	MIE
PAYROLL NO.	EOR WEEK ENDING	GSA Agre	ss stairs 13	-015
	2/2/15 - 2/6/15 (a) (4) DAY AND DATE	(5) (8)	(8) DEDUCTIONS	NET
(1)			With-	WAGES
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY  AND ANGERS OF WORKER	100 TO TO TO TO TO TO TO TO TO TO TO TO TO	TOTAL RATE AMOUNT HOURS OF PAY EARNED	l learners t	TOTAL PAID OTHER DEDUCTIONS FOR WEEK
NOMBER) OF	WORK CLASSIFICATION HOURS WORKED EACH DAY	HOURS OF PAY BARRED		
Galen Mabe				<u>.</u>
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	5		to respond to the information collection contained in 29 C.F.	R. §§ 3.3, 5.5(a). The Copeland Act Department of Labor (DOL) regulations at

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Coperal Act

[40 U.S.C. § 3145] contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborary and the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborary and the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborary and the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborary and the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborary and the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborary and the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborary and the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and compliance in the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and compliance in the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and compliance in the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and compliance in the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and compliance in the construction project in the construction project in the construction project in the construction project in the construction projec عدية المحافظة على المجاولة المحافظة ال

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and complete this collection of information. If you have we commisse use one on average of so manufactures to complete the confection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 2/5/15
Galen Mabe owner
(Name of Signatory Party) (Title)
do hereby state:
(1) That I pay or supervise the payment of the persons employed by
(Contractor or Subcontractor) on the
; that during the payroll period commencing on the
(Building or Work)
day of, and ending the day of,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said
from the full
(Confractor or Subconfractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly wages earned by any person other than permissible deductions as defined in Regulations, Part
weekly wages earned by any person and that the debutconts have been made and the full wages earned by any person, other than permissible deductions as defined in Regulations, Part from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 109, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classification set forth therein for each laborer or mechanic conform with the work he performed.
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
(4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
<ul> <li>in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.</li> </ul>

#### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

(c) EXCEPTIONS

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

# EXPLANATION EXCEPTION (CRAFT) REMARKS: NAME AND TITLE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION 31 OF THE UNITED STATES CODE.

EMPLOYEE

JOB:

HOWELL & HOWELL CONTRACTORS, INC. CERTIFIED PAYROLL REPORT

PAGE 5 02-09-2015 08:28

JOB: 215000 DAVID CONST/GENE SNYDER GENE SNYDER COURTHOUSE

LOUISVILLE, KY

LOUISVILLE, KY 40233

P.O. BOX 36097

Transfer Marin FEB 1 3 2015

CWAR CORRECTOR AC

SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H

WORK

S M EX CLASSIFICATION DAY1 DAY2 DAY3 DAY4 DAY5 DAY6 DAY7 TOTAL RATE TOT GRS FED W/H VACATION NET

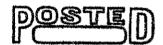
LOCAL &

0125 0126 0127 0128 0129 0130 0131

SUN MON TUE WED THU FRI SAT

No Certified work done this period

	4									JOB GROSS	FICA	LOCAL AND STATE W/H VACATION	OTHER NET								
	DAY1 01/25	HRS SU	DAY2 8	HRS MO	DAY3 1	HRS TU	DAY4 01/28	HRS WE	DAY5	HRS TH	DAY6 01/30	HRS FR	DAY7 01/31	HRS 1 SA		OTAL TOTAL GROS		EDDRUWN ALI			
; 215000		.00		.00		.00		.00		.00		.00		.00	.00		.00		,00,	.00	.00



PR-R07 DATE: 01-31-2015

I, CYNTHIA BURGIN, PAYROLL ADMIN do hereby state:  (1) That I pay or supervise the payment of persons employed by that during the payroll period commencing on the 25TH day of JAN, employed on said project have been paid the full weekly wages earn indirectly to or on behalf of said HOWELL & HOWELL CONTRACTORS, IN deductions have been made either directly or indirectly from the f as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by t (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C.	ed, that no rebates have been or will be made either directly or C from the full weekly wages earned by any person and that no full wages earned by any person, other than permissible deductions the Secretary of Labor under the Copeland Act, as amended					
(2) That any payrolls otherwise under this contract required to the wage rates for laborers or mechanics contained therein are no determination incorporated into the contract; that the classifica	be submitted for the above period are correct and complete; that tless than the applicable wage rates contained in any wage tions set forth therein for each laborer or mechanic conform with					
the work he performed.  (3) That any apprentices employed in the above period are duly a State apprenticeship agency recognized by the Bureau of Apprent such recognized agency exists in a State, are registered with the of Labor.	registered in a bona fide apprenticeship program registered with					
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS	: have been or will be made to appropriate programs for the benefit					
<ul> <li>(b) WHERE FRINGE BENEFITS ARE PAID IN CASH</li> <li>[ ] - Each laborer or mechanic listed in the above referen not less than the sum of the applicable basic hourly in the contract, except as noted in Section 4(c) bel</li> </ul>	ded payroll has been paid, as indicated on the payroll, an amount wage rate plus the amount of the required fringe benefits as liste ow.					
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Name & Title: CYMTUIA Signature:

! REMARKS

MENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL

PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

JOB:

PAGE 02-02-2015 10:45

LOCAL &

ST W/H OTHER

JOB; -215000 DAVID CONST/GENE SNYDER GENE SNYDER COURTHOUSE LOUISVILLE, KY

P.O. BOX 36097

LOUISVILLE, KY 40233

Town I have FEB 1 3 2015

DAVID CONSTRUCTERN, INC.

SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H  $\,$ WORK EMPLOYEE

S M EX CLASSIFICATION DAY1 DAY2 DAY3 DAY4 DAY5 DAY6 DAY7 TOTAL RATE TOT GRS FED W/H VACATION NET

0118 0119 0120 0121 0122 0123 0124

SUN MON TUE WED THU FRI SAT

No Certified work done this period

		+ DAY1 I 01/18	HRS SU	DAY2	HRS MO	DAY3 01/20	 HRS TU	DAY4 01/21	HRS	DAY5	HRS	DAY6 01/23	HRS	DAY7	HRS	TOTAL	GROSS GROSS	FICA FEDERAL	W/H	LOCAL AND STATE W/H VACATION	OTHER NET	-
: 2!	15000		.00		.00		;00		.00		.00		.00		.00	.00	.00		.00	.00	.00	



PR-R07 DATE: 01-24-2015

I, CYNTHIA BURGIN, PAYROLL ADMIN do hereby state: (1) That I pay or supervise the payment of persons employed by HOWELL & HOWELL CONTRACTORS, INC on the DAVID CONST/GENE SNYDER; that during the payroll period commencing on the 18TH day of JAN, and ending the 24TH day of JAN, all persons persons ll p employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said HOWELL & HOWELL CONTRACTORS, INC from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
  - (4) That:
    - (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
    - [ ] In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of said employees, except as noted in Section 4(c) below.
    - (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
    - [] Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS	+
PACEDATON (CEFAL)	! EXPLANATION
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! REMARKS	
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Name & Title: CYN Signature:

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PR-R07

HOWELL & HOWELL GONTRACTORS; INC

PAGE 8
POSTED 02-02-2015 10:20

JOB: 215000 DAVID CONST/GENE SNYDER
GENE SNYDER COURTHOUSE
LOUISVILLE, KY

SUPERINTENDENT: MIKE DUDUK.

D

EMPLOYEE

P.O. BOX 36097

FEB 1 3 2015

LOUISVILLE, KY 40233

80.5 total hours worked

This report includes local W/H with state W/H  $\,$ 

WORK

S M EX CLASSIFICATION

JOB GRS FICA ST W/H

ST W/H OTHER

LOCAL &

DAY1 DAY2 DAY3 DAY4 DAY5 DAY6 DAY7 TOTAL RATE TOT GRS FED W/H VACATION NET

0111 0112 0113 0114 0115 0116 0117 SUN MON TUE WED THU FRI SAT

CHECK NO: 72124 157.25 988.60 .007.00.00.00.00.00.00.00PAINTER FRINGE: RATE: (b) (6) .00 1.00 .00 .00 .00 .00 1.00 27.75 OT HRS PAINTER FRINGE: RATE: (b) (6) KEENAN L HOLDER CHECK NO: 72127 19.75 790.00 .00 .00 .00 1.00 .00 .00 .00 1.00 19.75 SUPERINTENDENT MICHAEL D MOSIER CHECK NO: 72152 277,50 425.50 .00 8.00 7.00 .00 .00 .00 (15.00) 8.50 PAINTER FRINGE: RATE:

GREG MULLINS
3210 LAVEL LN
LOUISVILLE, KY

40216 SUPERINTENDENT .00 2.00 .00 .00 .00 .00 .00 .2.

DARREL L SMITH
(b) (6)

CHECK NO:

72164

166.50 1017.50

PAGE HOWELL & HOWELL CONTRACTORS, INC PR-R07 02-02-2015 10:20 CERTIFIED PAYROLL REPORT DATE: 01-17-2015 JOB: 215000 DAVID CONST/GENE SNYDER P.O. BOX 36097 GENE SNYDER COURTHOUSE LOUISVILLE, KY LOUISVILLE, KY 40233 SUPERINTENDENT: MIKE DUDUK. LOCAL & This report includes local W/H with state W/H S M EX CLASSIFICATION DAY1 DAY2 DAY3 DAY4 DAY5 DAY6 DAY7 TOTAL RATE TOT GRS FED W/H VACATION NET EMPLOYEE 0111 0112 0113 0114 0115 0116 0117 SUN MON TUE WED THU FRI SAT .00 6.00 .00 .00 .00 .00 .00 [6.00] 18.50 PAINTER FRINGE: RATE: 12.10 2.00 27.75 OT HRS .00 2.00 .00 .00 .00 .00 .00 PAINTER FRINGE: RATE: 79.00 72165 CHECK NO: DAVID A SPANYER 316.00 FRINGE: RATE: (b) (6) 72174 335.75 CHECK NO: LESLIE WELCH 770,25 .00 8.00 7.00 2.00 .00 .00 .00 **(**17.0**)** 19.75 PAINTER FRINGE: RATE: 314,50 72180 CHECK NO: 407.00 .00 8.00 7.00 2.00 .00 .00 .00 .00 .17.00 18.50 PAINTER FRINGE: RATE:

6442.12

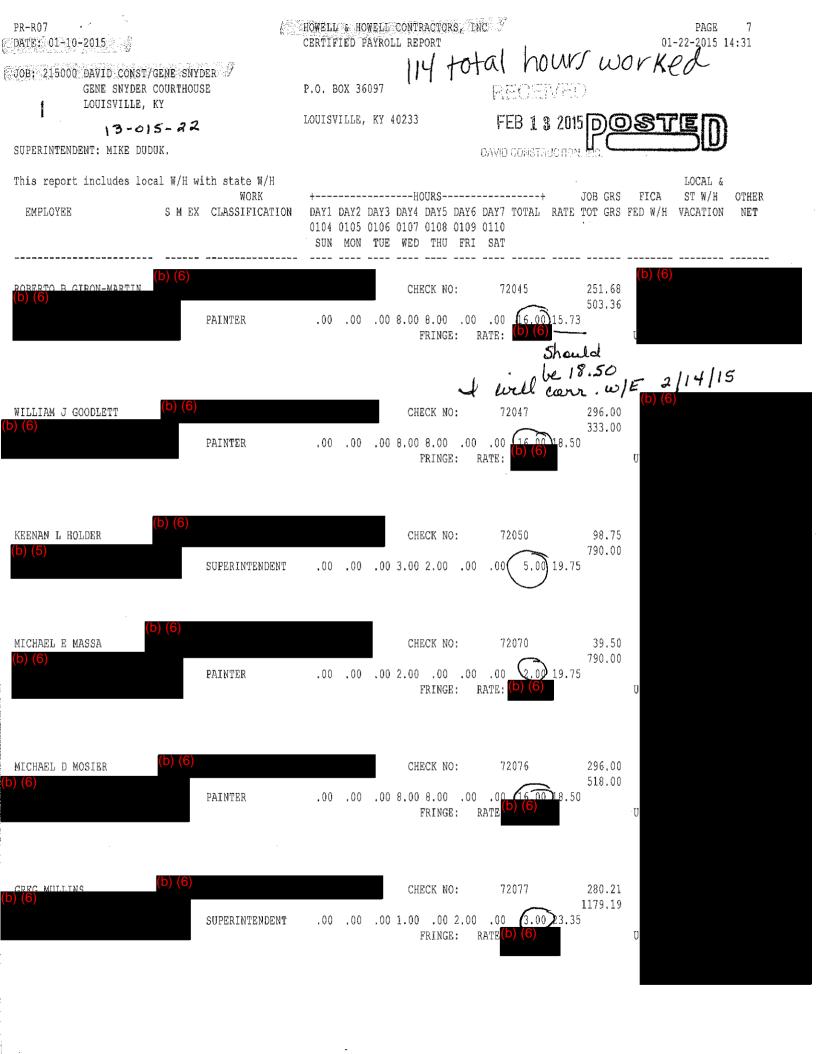
DATE: 01-17-2015

Signature:

CERTIFIED PAYROLL REPORT

I, CYNTHIA BURGIN, PAYROLL ADMIN do hereby state: (1) That I pay or supervise the payment of persons employed by HOWELL & HOWELL CONTRACTORS, INC on the DAVID CONST/GENE SNYDER; that during the payroll period commencing on the 11TH day of JAN, and ending the 17TH day of JAN, all persons persons persons ll p employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said HOWELL & HOWELL CONTRACTORS, INC from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below: (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. (4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS [ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of said employees, except as noted in Section 4(c) below. (b) WHERE FRINGE BENEFITS ARE PAID IN CASH [ ] - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below. (c) EXCEPTIONS EXCEPTION (CRAFT) ! REMARKS Name & Title: CYNTHIA BURGIN. PAYROLL ADMIN

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



DATE: 01-10-2015 JOB: 215000 DAVID CONST/GENE SNYDER P.O. BOX 36097 GENE SNYDER COURTHOUSE LOUISVILLE, KY LOUISVILLE, KY 40233 SUPERINTENDENT: MIKE DUDUK. LOCAL & This report includes local W/H with state W/H  $\,$ +-----+ JOB GRS FICA ST W/H OTHER WORK S M EX CLASSIFICATION DAY1 DAY2 DAY3 DAY4 DAY5 DAY6 DAY7 TOTAL RATE TOT GRS FED W/H VACATION NET EMPLOYEE 0104 0105 0106 0107 0108 0109 0110 SUN MON TUE WED THU FRI SAT ---- ---- ---- ---- ----6.00 35.03 OT HRS .00 .00 1.00 3.00 2.00 .00 .00\_ SUPERINTENDENT FRINGE: RATE: 72088 CHECK NO: DARREL L SMITH .00 .00 .00 8.00 8.00 .00 .00 <u>(16</u>.00)18.9 PAINTER FRINGE: RATE: 72098 CHECK NO: .00 .00 2.00 8.00 8.00 .00 .00 PAINTER FRINGE: RATE: 72104 CHECK NO: TROY S WOOSLEY .00 .00 .00 8.00 8.00 .00 .00 **1**6.00 PAINTER FRINGE: RATE: DAY1 HRS DAY2 HRS DAY3 HRS DAY4 HRS DAY5 HRS DAY6 HRS DAY7 HRS TOTAL TOTAL GR 01/04 SU 01/05 MO 01/06 TU 01/07 WE 01/08 TH 01/09 FR 01/10 SA JOB: 215000 .00 .00 3.00 57.00 52.00 2.00 2187 114.00 .00 5669

HOWELL & HOWELL CONTRACTORS, INC

CERTIFIED PAYROLL REPORT

PR-R07

PAGE

01-22-2015 14:31

PR-R07 DATE: 01-10-2015

Signature:

HOWELL & HOWELL CONTRACTORS, INC File: CR\_FF\_S.TXT CERTIFIED PAYROLL REPORT

that during the payroll period commencing on the 4TH day employed on said project have been paid the full weekly indirectly to or on behalf of said HOWELL & HOWELL CONTY	aployed by HOWELL & HOWELL CONTRACTORS, INC on the DAVID CONST/GENE SNYDER; of JAN, and ending the 10TH day of JAN, all persons persons persons ll pewages earned, that no rebates have been or will be made either directly or RACTORS, INC from the full weekly wages earned by any person and that no from the full wages earned by any person, other than permissible deductions issued by the Secretary of Labor under the Copeland Act, as amended; 40 U.S.C. 276c), and described below:
	required to be submitted for the above period are correct and complete; that
the wage rates for laborers or mechanics contained ther determination incorporated into the contract; that the the work he performed.  (3) That any apprentices employed in the above period a State apprenticeship agency recognized by the Bureau such recognized agency exists in a State, are registere of Labor.  (4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED P.  - In addition to the basic hourly wage rates payments of fringe benefits as listed in to of said employees, except as noted in Sect (b) WHERE FRINGE BENEFITS ARE PAID IN CASH  [] - Each laborer or mechanic listed in the abo not less than the sum of the applicable ba in the contract, except as noted in Section (c) EXCEPTIONS	classifications set forth therein for each laborer or mechanic conform with classifications set forth therein for each laborer or mechanic conform with are duly registered in a bona fide apprenticeship program registered with of Apprenticeship and Training, United States Department of Labor, or if no ed with the Bureau of Apprenticeship and Training, United States Department  LANS, FUNDS OR PROGRAMS  paid to each laborer or mechanic listed in the above referenced payroll, the contract have been or will be made to appropriate programs for the benefit ion 4(c) below.  ve referenced payroll has been paid, as indicated on the payroll, an amount sic hourly wage rate plus the amount of the required fringe benefits as listed to 4(c) below.
+! EXCEPTION (CRAFT)	! EXPLANATION !
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REMARKS	
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Name & Title: CYNTHIA BURGIN, PAYROLL ADMIN	_

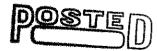
THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

CERTIFIED PAYROLL REPORT DATE: 01-24-2015 JOB: 213700 DAVID CONST/GENE SNYDER P.O. BOX 36097 GENE SNYDER COURT HOUSE LOUISVILLE, KY LOUISVILLE, KY 40233 13-015-20 SUPERINTENDENT: MIKE DUDUK. This report includes local W/H with state W/H +-----+ JOB GRS DAY1 DAY2 DAY3 DAY4 DAY5 DAY6 DAY7 TOTAL RATE TOT GRS S M EX CLASSIFICATION EMPLOYEE 0118 0119 0120 0121 0122 0123 0124 SUN MON TUE WED THU FRI SAT 72194 CHECK NO: JUAN A CARRANCO 780.00 .00 5.00 .00 .00 .00 .00 .00 5.00 19.50 PAINTER FRINGE: RATE: (b) (6) 97.50 72195 CHECK NO: JUAN C CARRANCO 780.00 .00 5.00 .00 .00 .00 .00 <u>5.00</u> 19.50 PAINTER FRINGE: RATE; 98.75 72225 CHECK NO: MICHAEL E MASSA 790.00 <u>5.00</u> 19.75 \_00 5.00 .00 .00 .00 .00 .00 PAINTER FRINGE: RATE: DAY1 HRS DAY2 HRS DAY3 HRS DAY4 HRS DAY5 HRS DAY6 HRS DAY7 HRS TOTAL TOTAL GROSS FEDERAL 01/18 SU 01/19 MO 01/20 TU 01/21 WE 01/22 TH 01/23 FR 01/24 SA .00 293.75 00 .00 ,00 .00 .00 JOB: 213700 2350.00

HOWELL & HOWELL CONTRACTORS, INC

PR-R07

15 total hours worked



File: CR\_FF\_S.TXT

PAGE 6 02-02-2015 10:45

[,	CYNTHIA	BURGIN	, PAYROLL	ADMIN	do	hereby	state:

THE THE PARTY OF THE CONCENTRATE OF THE CHAPTER OF THE CHAPTER.
(1) That I pay or supervise the payment of persons employed by HOWELL & HOWELL CONTRACTORS, INC on the DAVID CONST/GENE SNYDER;
that during the payroll period commencing on the 18TH day of JAN, and ending the 24TH day of JAN, all persons persons persons il p
employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or
indirectly to or on behalf of said HOWELL & HOWELL CONTRACTORS, INC from the full weekly wages earned by any person and that no
deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions
deductions have been made either directly of indirectly from the full wages current to any person, concluded by
as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended
(48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:
A Company of the Comp

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
  - (4) That:

(a) BYODDMIANO

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of said employees, except as noted in Section 4(c) below.
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
- [] Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

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! EXCEPTION (CRAFT)	! EXPLANATION !
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! REMARKS	+
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Name & Title: (b) (6)

Signature:

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PR-R07 DATE: 01-17-2015

EMPLOYEE

HOWELL & HOWELL CONTRACTORS, INC CERTIFIED PAYROLL REPORT

PAGE 6 02-02-2015 10:20

LOCAL &

JOB: 213700 DAVID CONST/GENE SNYDER

GENE SNYDER COURT HOUSE

LOUISVILLE, KY

P.O. BOX 36097

LOUISVILLE, KY 40233

13-015**-**20 SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H

S M EX CLASSIFICATION DAY1 DAY2 DAY3 DAY4 DAY5 DAY6 DAY7 TOTAL RATE TOT GRS FED W/H VACATION NET

0111 0112 0113 0114 0115 0116 0117

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No Certified work done this period

	+ DAY1 HRS 01/11 SU	DAY2 HRS	DAY3 HRS 01/13 TU	HO DAY4 HRS 01/14 WE	DAY5 HRS	DAY6 HRS	DAY7 HRS 01/17 SA	TOTAL	JOB GROSS TOTAL GROSS	FICA FEDERAL W/H	LOCAL AND STATE W/H VACATION	OTHER NET
JOB: 213700	.00	.00	.00	,00	.00	.00	.00	,00	.00	.00	.00	.00
COD. 215700	100	, , , ,							.00	.00	.00	.00



PR-R07 DATE: 01-17-2015 HOWELL & HOWELL CONTRACTORS, INC CERTIFIED PAYROLL REPORT

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PAGE 7 02-02-2015 10:20

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(1) That I pay or supervise the payment of persons employed by HOWELL & HOWELL CONTRACTORS, INC on the DAVID CONST/GENE SNYDER;
that during the payroll period commencing on the 11TH day of JAN, and ending the 17TH day of JAN, all persons persons ll p
employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or
indirectly to or on behalf of said HOWELL & HOWELL CONTRACTORS, INC from the full weekly wages earned by any person and that no
deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions
as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended
(48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

#### (4) That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
- [] In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of said employees, except as noted in Section 4(c) below.
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
- [] Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

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! EXCEPTION (CRAFT)	! EXPLANATION !
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Name & Title: CYNTHIA RURGIN PAYROLL ADMIN
(b) (6)

Signature:

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PR-R07 DATE: 01-10-2015 HOWELL & HOWELL CONTRACTORS, INC CERTIFIED PAYROLL REPORT

PAGE 01-22-2015 14:31

JOB: 213700 DAVID CONST/GENE SNYDER

GENE SNYDER COURT HOUSE

LOUISVILLE, KY

P.O. BOX 36097

LOUISVILLE, KY 40233

13-015-20

SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H

WORK

LOCAL &

EMPLOYEE

S M EX CLASSIFICATION DAY1 DAY2 DAY3 DAY4 DAY5 DAY6 DAY7 TOTAL RATE TOT GRS FED W/H VACATION NET

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0104 0105 0106 0107 0108 0109 0110

SUN MON TUE WED THU FRI SAT

No Certified work done this period

LOCAL AND DAY1 HRS DAY2 HRS DAY3 HRS DAY4 HRS DAY5 HRS DAY6 HRS DAY7 HRS TOTAL TOTAL GROSS FEDERAL W/H VACATION 01/04 SU 01/05 MO 01/06 TU 01/07 WE 01/08 TH 01/09 FR 01/10 SA JOB: 213700 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

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File: CR\_FF\_S.TXT

PAGE 6 01-22-2015 14:31

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	LYNTHIA	BUKUIN	PATROLL	ALMIN	(10)	nereov	state:

(1) That I pay or supervise the payment of persons employed by HOWELL & HOWELL CONTRACTORS, INC on the DAVID CONST/GENE SNYDER;
that during the payroll period commencing on the 4TH day of JAN, and ending the 10TH day of JAN, all persons persons ll pe
employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or
indirectly to or on behalf of said HOWELL & HOWELL CONTRACTORS, INC from the full weekly wages earned by any person and that no
deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions
as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended
(48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
  - (4) That:
    - (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
    - [] In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of said employees, except as noted in Section 4(c) below.
    - (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
    - [] Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
    - (c) EXCEPTIONS

+! EXCEPTION (CRAFT)	++ ! EXPLANATION !
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! REMARKS !	
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!	! +

Name & Title: CYNTHIA BURGIN, PAYROLL ADMIN

Signature:

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PR-R07		
DATE:	01	-03-2015

EMPLOYEE

HOWELL & HOWELL CONTRACTORS, INC CERTIFIED PAYROLL REPORT

PAGE 5 01-14-2015 10:19

JOB: 213700 DAVID CONST/GENE SNYDER

GENE SNYDER COURT HOUSE

LOUISVILLE, KY

P.O. BOX 36097

LOUISVILLE, KY 40233

13-015-20

SUPERINTENDENT: MIKE DUDUK.

This report includes local W/H with state W/H

WORK

+-----+ JOB GRS FICA ST W/H OTHER

LOCAL &

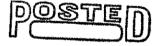
S M EX CLASSIFICATION DAY1 DAY2 DAY3 DAY4 DAY5 DAY6 DAY7 TOTAL RATE TOT GRS FED W/H VACATION NET

1228 1229 1230 1231 0101 0102 0103

SUN MON TUE WED THU FRI SAT

No Certified work done this period

	<b>+</b>			H(	OURS				JOB GROSS	FICA	LOCAL AND STATE W/H	OTHER
			DAY3 HRS 12/30 TU					TOTAL	TOTAL GROSS	FEDERAL W/H	VACATION	NET
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PR-R07 DATE: 01-03-2015 CERTIFIED PAYROLL REPORT

HOWELL & HOWELL CONTRACTORS, INC

File: CR FF S.TXT

6 PAGE 01-14-2015 10:19

Γ.	CYNTHIA	BURGIN.	PAYROLL	ADMIN	dο	hereby	gtate

(1) That I pay or supervise the payment of persons employed by HOWELL & HOWELL CONTRACTORS, INC on the DAVID CONST/GENE SNYDER;
that during the payroll period commencing on the 28TH day of DEC, and ending the 3RD day of JAN, all persons persons 1 persons 11 persons 12 persons 12 persons 12 persons 12 persons 13 persons 13 persons 14 persons 15 persons 16 persons 16 persons 16 persons 17 persons 17 persons 17 persons 18 pe
employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or
indirectly to or on behalf of said HOWELL & HOWELL CONTRACTORS, INC from the full weekly wages earned by any person and that no
deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions
as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended
(48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
  - (4) That:
    - (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
    - [] In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of said employees, except as noted in Section 4(c) below.
    - (b) WHERE FRINGE BENEFITS ARE PAID IN CASH
    - [ ] Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
    - (c) EXCEPTIONS

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! EXCEPTION (CRAFT)	! EXPLANATION !
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! REMARKS	!
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Name & Title: CYNTHIA BURGIN, PAYROLL ADMIN

Signature:

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

#### U.S. Department of Labor Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm) Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

13.S. Wasse and Hour Division

Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONTRA	CTOR	Persons are not in						ADDRES	s Issaie Te	ion Pk	wu L	OUISVI	lle Ku	, 40	212	OMB No.: Expires:	1235-0008 01/31/2015
PAYROLL NO.	rd=1	FOR WEEK ENDING					<i>)  </i>   \	PROJEC	T AND LOCATI	ON	A	1		PROJECT OF	R CONTRACT	NO.	3-015
NAME OF CONTRACTOR OR SUBCONTRACTOR OR S	(2)	Egress S	TAI	<u>e (4) D</u>	360 DNA YA	DATE	ුරු	(5)	<u>(8)</u>	(7)	( ≥ : C	our m	DRSE	(8) ICTIONS *	27502	, <u>, , , , , , , , , , , , , , , , , , </u>	(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (a.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHFIOLDING EXEMPTIONS	Work Classification	OT. ORST.	HOURS W				TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	DEDU	CTIONS *	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.5, 5,5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to respect to the wages paid each employee during the preceding week," U.S. Department of Labor (DOL) regulations at 40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the wages paid each employee during the preceding week," U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or machanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and frings benefits,

#### Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gethering and maintaining the data needed, and complete this collection, including time for reviewing instructions, searching existing data sources, gethering and maintaining the data needed, and complete this collection, including time for reviewing instructions, searching existing data sources, gethering and maintaining the data needed, and complete this collection, including time for reviewing instructions, searching existing data sources, gethering and maintaining the data needed, and complete this collection, including time for reviewing instructions, searching existing data sources, gethering and maintaining the data needed, and complete this collection, including time for reviewing instructions, searching existing data sources, gethering and maintaining time data needed. any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 1-3-2015  I, Richard Howard President (Name of Signatory Party)  do hereby state:  (1) That I pay or supervise the payment of the persons employed by	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH  Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.  (c) EXCEPTIONS
Rick Howard HEATing And File Conditioning LCC on the (Contractor or Subcontractor)  PROSECT # 13-015 ; that during the payroll period commencing on the (Building or Work)  7 day of DEC 2014 and ending the 3 day of San 2015 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said	EXCEPTION (GRAFT) EXPLANATION
Rick Howard HEATing and Air Conditioning Life from the full (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	KAREN FARRELL-HOWARD  NOTARY PUBLIC  Kentucky, State At Large  My Commission Expires 10/14/2017
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship	REMARKS: Sworn to and subscribed before me this 3 day of Jan, 2015
(3) That any apprentices employed in the above period are duly state apprenticeship and program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.  (4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  — In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	NAME AND TITLE  PRESIDENT  (b) (6)  Chara L Howard  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SI SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

## 9.5 total hours worked

#### U.S. Department of Labor Wage and Hour Division

PAYROLL

(For Contractor's Optional Use: See instructions at www.dol.gov/whd/forms/wh347instr.htm)

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No.: 1235-0008 Expires: 01/31/2015 And Air Conditioning LLC 3940 Northwestern Pkmy Louisville Ky 40212 Expires: 01/31/201.

FOR WEEK ENDING PROJECT AND LOCATION 601 W. BROADWAY

NEW EGRESS STAIR PROJECT GERE Snyder US Courthouse Louisville. Ky 40203 \$\frac{1}{19}\$ (6) (6) (7) Rick Howard HEATING And AIR Conditioning PAYROLL NO. NON WAGES REE O 7,5 **GROSS** TOTAL PAID NAME AND INDIVIDUAL IDENTIFYING NUMBER HOLDING AMOUNT TOTAL DATE 3.4 % 0.02% FOR WEEK OTHER DEDUCTIONS (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY FARNED FICA TAX OF PAY HOURS CLASSIFICATION NUMBER) OF WORKER ChEE OIL O-TIMA. PAUNE D 196.0 196.01 1 4 2015 DAVID CONSTRUCTION INC. o

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 26 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborar or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

#### Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and complete this collection, including time for reviewing instructions, searching existing data sources. any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue; N.W. Washington, D.C. 20210

Date 1-10-2015
1. Richard Howard President (Title)
(Name of Signatory Party) (Title) do hereby state:
·
(1) That I pay or supervise the payment of the persons employed by  Rick Howard HEATing And Air Conditioning LLC on the  (Contractor or Subcontractor)
(Confractor or Subcontractor)
(Building or Work); that during the payroll period commencing on the
4 day of JAN ,2015, and ending the 10 day of JAN ,2015.
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said
Rick Howard HEATing and Air Conditioning LLC from the full (Contractor)
weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:
03 Start, 100, 72 Stat. 307, 70 Stat. 337, 40 0.3.0. § 51707, and described bolom.
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(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if he such recognized agency exists in a State, are registered
with the Bureau of Apprenticeship and Training, United States Department of Labor.
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CA	эн
an indicated on the navenil an at	in the above referenced payroll has been paid, mount not less then the sum of the applicable amount of the required fringe bernefits as listed in section 4(c) below.
(c) EXCEPTIONS	
EXCEPTION (CRAFT)	EXPLANATION
	Section (Control of Co
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KAREN FARRELL-HOWARD NOTARY PUBLIC Kentucky, State At Large	1
My Commission Expires 10/14/2017	
Sworn to and subscribed before me this	
10 day of Jan 20/5	
(b) (6)	
Richard Howard Pres.	
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE 31 OF THE UNITED STATES CODE.	MENIS MAT SUBJECT THE CONTINUOUS OR SECTION 231 OF TITLE 18 AND SECTION 231 OF TITLE

#### U.S. Department of Labor Wage and Hour Division

#### PAYROLL

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(For Contractor's Optional Use; See instructions at www.dol.gov/whd/forms/wh347instr.htm)

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U.S. Wage and Hour Division Rev. Dec. 2008

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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Pederally financed or assisted construction contracts to espond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act
(40 U.S.C. § 3146) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a stelement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at
29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and fining each laborar or machanic has been paid not less than the proper Devis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

#### Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gethering and malniahing the data needed, and completing and reviewing the collection including time for reviewing instructions, searching existing data sources, gethering and malniahing time data needed, and completing and reviewing the collection including time collection including time for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Lebor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C., 20210

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Date 1- 17-2015	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	
(Name of Signatory Party)  (Name of Signatory Party)  (Title)	Lasta handel Mena Pers Dille 1719 Millel	int of the required fringe benefits as listed
do hereby state:	In the contract, except as noted in se	Citati 4(c) paross.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS	
Rick Howard HEATing And file Conditioning LLC on the	EXCEPTION (CRAFT)	EXPLANATION
WWIECT #13-015 that during the payroli period commencing on the		
(Building or Work)  11 day of JAn 2015, and ending the 17 day of JAn 2015		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
Pict Howard HEATING and Air Conditioning LLC from the full		
(Contractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subittle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	KAREN FARRELL-HOWARD NOTARY PUBLIC	
63 Start, 108, 72 Star, 967; 76 Stat. 357; 40 C.S.C. \$ 3 1457, and Geschied Scient	Kentucky, Sate At Large My Commission Expires 10/14/2017	
	My Commission of the	
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	REMARKS:	
	Sworn to and subscribed	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are	before me this	
(2) That any payrols otherwise under the contests required to such many payrols otherwise under the contest required to such and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	1 day of 17 2015	
(3) That any apprentices employed in the above period are duly registered in a bone fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and program registered with a State apprenticeship agency recognized events of apprenticeship and program registered events.		
program registered with a State apprenticeship agency tooghtzed by the burning united States Department of Labor, or if no such recognized agency exists in a State, are registered with the Eureau of Apprenticeship and Training, United States Department of Labor.	(b) (6)	
(4) That:	NAME AND TITLE	6)
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	Richard Howard Pres	
- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract	THE ABOVE STATE OF THE ABOVE STA	
have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.	

#### U.S. Department of Labor

Wage and Hour Division

#### PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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While completion of Form WH-347 is optional, it is mandetory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to espond to the information collection contained in 29 C.F.R. §§ 5.5, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to expend to the wages paid such employee during the preceding work." U.S. Department of Labor (DCL) regulations at 28 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, ecompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and into each laborer or machanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed, DCL and federal contracting agencies receiving this information review he information to determine that employees have received legally required wages and fringe benefits.

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•	•	
Date 1-24-2015	(b) WHERE FRINGE BENEFITS ARE PAID IN CAS	H
(Name of Signatory Party)  (Name of Signatory Party)  (Title)		the above referenced payroli has been pake ount not less than the sum of the applicable nount of the required fringe benefits as liste section 4(o) below.
do hereby state:	luius coulisci, except as index at	and an interpretation of the control
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS	
Rick Howard HEATING and AIR Conditioning LLC on the (Contractor or Subcontractor)	EXCEPTION (CRAFT)	EXPLANATION
PROJECT #13-015 that during the payroll period commencing on the		
(Building or Work)  18 day of Jan 2015, and ending the 24 day of Jan 2015,		
all persons employed on said project have been paid the full weekly wages earned, that no repates have been or will be made either directly or indirectly to or on behalf of said		·
Rick Howard HEATing and Air Conditioning LLC from the full (Contractor or Subcontractor)		
1 128 man attenuation and investigation		
weekly wages earned by any person and that no deductions have been made either directly thin the total from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subitite A), leaved by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	KAREN FARRELL-HOWARD NOTARY PUBLIC	
05 Start (16), 12 Start 801, 15 Ottat 601, 15 Store 3	Kentucky, Sale At Large My Commission Expires 10/14/2017	,
	1119	
		•
	REMARKS:	
the state of the s	Sworn to and subscribed	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborary or mechanics contained therein are not less than the	before me this	
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	24 day of JAn , 2015	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship		
(3) That any apprentioes employed in the above broadens the Bureau of Apprenticeship and program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.		
	in (b)	(6)
(4) That: (8) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	Production	
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract	RICHARD HOWARD PRES	SCOTICIA IDOLO: STERRIGANOS CO.
have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	31 OF THE UNITED STATES CODE.	

## U.S. Department of Labor Wage and Hour Division

#### PAYROLL



(For Contractor's Optional Use: See instructions at www.dol.gov/whd/forms/wh347instr.htm) Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

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		•	(2) SMO	(3)			(4) DAY	AND D	SATE	(5)	(8)				DED	(8) UCTIONS	-		¹( <del>9</del> )
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While completion of Form WH-347 is optional, it is mandetory for covered contractors and subcontractors performing work on Pederally linenced or sealeted construction contracts to expend to the information collection contractor performing work on Pederally linenced or sealeted construction contracts to furnish weekly a statement with respect to the wages said each employee during the preceding week.\* U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolis to the Federal agency contracting for or financing the construction project, accomparise by a signal Statement of Compliance inclicating that the payrolis are correct and complete and that each independent of the construction of the contractors of th or mechanic has been paid nect less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review he information to determine that employees have received legally required wages and tringe benefits.

#### **Public Burden Statement**

We astimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data accross, gethering and matinishing the data needed, and complete this collection of information, if you have arty comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, each them to the Administrator, Wage and Hour Division, U.S. Department of Lebor, Room S3502, 200 Constitution Avenue, N.W. Weahington, D.C. 20210

	r.	
Date 1- 31- 2015	(b) WHERE FRINGE BENEFITS ARE PAID IN CASE	4
(Name of Signatory Party)  (Name of Signatory Party)  (Title)	as indicated on the payroll, an amo	the above referenced payroll has been paid, ount not less then the sum of the applicable nount of the required fringe benefits as listed
do hereby state:	In the contract, except as noted in	apprint 4(c) nators
(1) That I pay or supervise the payment of the persons employed by	(o) EXCEPTIONS	
Rick Howard HEATING And the Conditioning LLC on the	EXCEPTION (CRAFT)	EXPLANATION
Project 4 13-615; that during the payroll period commencing on the (Building or Work)		
25 day of Jan 2015 and ending the 31 day of Jan 2015		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
Rick Howard HEATing and Air Conditioning LLC from the full (Contractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subitte A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 367; 40 U.S.C. § 3145), and described below:	KAREN FARRELL-HOWARD NOTARY PUBLIC	
	Kentucky, šiata At Large My Commission Expires 10/14/2017	
	(	•
	REMARKS: Sworn to and subscribed	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are	before me this	
(2) That any payrols otherwise drives the transition that the correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	31 day of Jan 20/5	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(b) (6)	
(4) Thet: (a) Where fringe benefits are paid to approved plans, funds, or programs	NAME AND THE	)) (6) 
In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SE 31 OF THE UNITED STATES CODE.	

#### U.S. Department of Labor

Wage and Hour Division

#### PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

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*KICK HOWARD HEATING A	ra	Hir Condilio	nie	ng LLC	<u>. 3</u>	140	North	LAWESTE	ven PR	my 1	<u>-ouisy</u>	IE K	7 4 C	2 2	Expires:	01/31/2015
NEW E	Rick Howard HEATing and Air Conditioning LLC 3940 Northwestern Pkmy Louisville Ky 40212 Expires: 01/31/2015  PAYROLL NO.  FOR WEEK ENDING  PROJECT AND LOCATION  PROJECT OR CONTRACT NO.  BROADWAY  (6) (6) (6) (7)  (7)  (8)  (9)  (9)  (9)  (9)  (9)  (9)  (9															
,	(2)	(3)		(4) DA	Y AND D	ATE	(6)	(6)	(7)				(8) UCTIONS *			(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER	NO.		OT. ORET.	,								OBD	UCTIONS *		÷	NET WAGES
(6.0., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITH-HOLDENS EXCMPTIONS	WORK CLASSIFICATION	ď.	HOURS WO	ORKED E	ACH DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS	PAID
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While completion of Form WH-347 is optional, it is mandetery for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contractors performing work on Federally financed or assisted construction contracts to respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 28 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed Statement of Compliance indicating that the payrolls are correct and complete and that each laborer or machanic has been paid not less than the proper Davis-Bacon preveiling wage rate for the work performed. DOL and federal contracting agencies receiving this information review he information to determine that employees have received legally required wages and fringe benefits.

#### Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gethering and maintaining the data needed, and complete this collection, including time for reviewing instructions, searching existing data sources, gethering and maintaining the data needed, and complete this collection, including time for reviewing time sources, gethering and maintaining time data needed, and complete this collection, including time for reviewing time sources, gethering and maintaining time data needed, and complete this collection, including time for reviewing time sources, gethering and maintaining time data needed, and complete this collection, including time for reviewing time sources, gethering and maintaining time data needed, and complete this collection, including time for reviewing time sources, gethering and maintaining time data needed, and complete this collection, including time for reviewing time sources, gethering and maintaining time data needed, and complete this collection, including time for reviewing time sources, gethering and maintaining time for reviewing

	)	
Date 2-7-2015	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	
Name of Signatory Party)  (Name of Signatory Party)  (Title)		he above referenced payroll has been paid, unt not less than the sum of the applicable bunt of the required fringe benefits as listed action 4(a) below.
do hereby state:	·	
(1) That I pay or supervise the payment of the persons employed by  Plat House I Leature And The Conditioning LLC on the	(c) EXCEPTIONS	
(Contractor or Subcontractor)	EXCEPTION (CRAFT)	EXPLANATION
Project #13-015 ; that during the payroll period commencing on the		
(Building or Work)  1 day of FEB 2015, and ending the 7 day of FEB 2015.		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
Rick Howard HEATing and Air Conditioning LLC from the full (Contractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages carned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subilitie A), Issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	ACRIMON I COM	
3 (29 C.F.R. Subilitie A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F.R. Subilitie A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F.R. Subilitie A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F.R. Subilitie A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F.R. Subilitie A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F.R. Subilitie A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F.R. Subilitie A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F.R. Subilitie A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F.R. Subilitie A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F.R. Subilitie A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 3 (29 C.F.R. Subilitie A), and described below.	KAREN FARRELL-HOWARD NOTARY PUBLIC	
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	Sworn to and subscribed	•
(2) That any payrolls otherwise under this contract required to be submitted for the above period are	before me this	
(2) That any payrois otherwise under this content required to be set intent in the correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	7 day of FE6 2015	
·		
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and	(b) (6)	
program registered with a State apprehisceship agency loopings agency exists in a State, are registered Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Eureau of Apprenticeship and Training, United States Department of Labor.		•
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(4) THE: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	TO I I I I I I I I I I I I I I I I I I I	
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE ST	
the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ARY OF THE MELVISON. SEE SUBCONTRACTOR TO CHILD OR CRIMINAL PROSECUTION. SEE S 31 OF THE UNITED STATES CODE.	SECTION 1001 OF TITLE 18 AND SECTION 231 OF THE

17.5 total hours worked

#### U.S. Department of Labor Wage and Hour Division

#### PAYROLL

(For Contractor's Optional Use; See instructions at www.dol.gov/whd/forms/wh347instr.htm)

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. NAME OF CONTRACTOR DR SLIBCONTRACTOR DR SLIBCONTRACTOR DR SLIBCONTRACTOR DR SLIBCONTRACTOR DR SLIBCONTRACTOR DR SLIBCONTRACTOR DR SLIBCONTRACTOR DR SLIBCONTRACTOR DR SLIBCONTRACTOR DR SLIBCONTRACTOR SPROJECT AND LOCATION FOR WEEK ENDING PROJECT AND LOCATION LOCATI PAYROLL NO.

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(1)

(2)

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(4) DAY AND DATE

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(6)

(7) DEDUCTIONS & Low 18 15 20 21 GROSS NAME AND INDIVIDUAL IDENTIFYING NUMBER AMOUNT (e.g., LAST FOUR DISITS OF SOCIAL SECURITY EARNED **IHOURS** CLASSIFICATION NUMBER) OF WORKER TIM R Payne TIM A. Payne 46.12 403 8.75 75 Sh EE 0110 -9 4612 15 ٥ o В

White completion of Form WH-347 is optional, it is mandalory for covered contractors parforming work on Federally financed or assisted construction contracts to aspect to the information collection contract in 29 C.F.R. § S.S. 5.5(a). The Copeland Act
(AO U.S.C. § 8145) contractors and subcontractors performing work on Federally financed or saelated construction contracts to "furnish waskiy a statement with respect to the wages said each employee during the proceeding week." LIS. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weakly a copy of all payrolls to the Faderal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborar or machanic has been peld not less than the proper Davis-Bacon prevailing wage rate for the work performed, DOL and federal contracting againcles receiving this information review he information to determine that employees have received legally required wage rate for the work performed, DOL and federal contracting againcles receiving this information review he information to determine that employees have received legally required wage rate for the work performed.

#### Public Burden Statement

We astimate that is will take can average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gallering and maintaining the data needed, and complete this collection, including time for reviewing instructions, searching existing data sources, gallering and maintaining the data needed, and complete this collection, including time for reviewing instructions, searching existing data sources, gallering and maintaining the data needed, and complete this collection, including time for reviewing instructions, searching existing data sources, gallering and maintaining the data needed, and complete this collection, including time for reviewing instructions, and the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Waenington, D.C. 20210

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Date 2 . 21 . 2015	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	
1. Richard Howard President (Name of Signatory Perty) (Title)	kasia kanaki wana rate niiis ine amoi	unt of the regulred frings benefits as listed
do hereby state:	in the contract, except as noted in se	ocion 4(c) parovi.
(1) That I pay or supervise the payment of the persons employed by	(o) EXCEPTIONS	
Rick Howard HEATing and AIR Conditioning LLC on the (Contractor or Subcontractor)	EXCEPTION (CRAFT)	EXPLANATION
アルップミュー は13-015 : thet during the payroll period commencing on the (Bullding or Work)		
15 day of FEb 2015, and ending the 21 day of FEb 2015.		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made pither directly or indirectly to or on behalf of said		
RICK Howard HEATING and Air Conditioning LLC from the full Tontractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subitie A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 68 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	KAREN FARRELL-HOWARD NOTARY PUBLIC	
63 SIBIR, 108, 72 SIBI, 967; 76 SIBI, 351; 40 C.S.C. § 3145), 419 described below.		
	My Commission Expires 10/14/2017	
		-
		•
	REMARKS:	
	Sworn to and subscribed	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the	before me this	
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each isborer or mechanic conform with the work he performed.	20 day of Feb 2015	
(3) That any apprentices employed in the above period are duly registered in a bone fide apprenticeship		
to I that any apprehiment of the program registered with a State apprehiment of program registered with a State apprehiment of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprehiment of Labor, United States Department of Labor.	(b) (6)	
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(4) Thet: (8) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS ————————————————————————————————————	D I all a Pace	
- in addition to the basic hourly wage rates paid to each laborar or mechanic listed in	RICHARD HOWARD PRES	THE SECTION OF THE PROPERTY OF
the above referenced payroll, payments of fringe bene fits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENT SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SE STATEMENT OF THE UNITED STATES CODE.	ECTION 1001 OF TITLE 18 AND SECTION 251 OF THE

## U.S. Department of Labor

#### PAYROLL

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(For Contractor's Optional Use; See Instructions at www.dol.gov/whilforms/wh847instr.htm)

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Rick Howard HEATING PAYROLL NO.  2-14-15 NEW E	are	FOR WEEK ENDING	3	?n	4 \ E	icT	· (	50	n E	PROJE Sh	OT AND LOCAT	TION US Cou	eTho	use.	6016 Louis	PROJECT C 3. BRO	R CONTRACT	NO.	13,015
•			li.		) (4	DAY.	AND D	NO DATE		(5)	( <del>0</del> )	(7)			DED	DEDUCTIONS .			<b> </b>
NAME AND INDIVIDUAL IDENTIFYING NUMBER (B.B., LASTFOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHER ISSUE EVENIFIEDES	WORK OLASSIFICATION	<b>1</b> 5		CUR	s WOR	KEO E	ACH	JAY.	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FIDA	WITH- HOLDING WITH-			OTHER	TOTAL DEDUCTIONS	WAGES PAID FOR WEEK
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While complation of Form W 2-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or sesisted construction contracts traspond to the information collection contained in 29 C.F.R. §§ 3.5, 5.5(a). The Copeland Act (40 U.S.C. § 9145) contractors and subcontractors performing work on Federally financed or sesisted construction contracts to "furnish weekly a statement with respect to the wegs paid each employee during the preceding week." U.S. Department of Labor (COL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, eccompanied by a signal submitted with the payrolls are correct and complete and that each laborar or machanic has been paid in at tess then the proper Davis-Bacon prevailing wage rate for the work performed. OOL and federal contracting agancies receiving this information reviewise information to determine that employees have received legally required wagges and fringe benefits.

#### **Public Burden Statement**

We estimate that is will take san average of 58 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintainingline data needed, and complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintainingline data needed, and complete this collection, including suggestions for reducing this burden, send them to the Administrator, Wege and Hour Divisio, U.S. Department of Labor, Room 53602, 200 Constitution Avenue, N.W.

Washington, D.C. 20210

•	•
Date 2.14-2015  1. Pich Ard Howard President (Name of Signatory Party)  Cohereby state:  (1) That I pay or supervise the payment of the persons employed by  Rick Howard HEATING And Are Conditioning LCC on the  (Contractor or Subcontractor)  Restrict #13-0(5); that during the payroll period commencing on the  (Building or Work)  8. day of Eeb 2015, and ending the 14 day of Eeb 2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  Rick Howard HEATING and Air Conditioning LCC from the full (Contractor or Subcontractor)  Weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full viewes as a rined by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.R. Subsities A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3146), and described below:	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
(2) That any payrolis otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or machanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any appreciates employed in the above period are duly registered in a bone fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.  (4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  — in addition to the basic hourly wage rates paid to each laborar or mechanic listed in the above referenced payroll, payments of fringe bene fits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	REMARKS:  Sworn to and subscribed  before me this  day of Feb. 20 15  (b) (5)  NAME AND TITLE  RICHARD HOWARD PRES  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION 31 OF THE LINITED STATESCODE.

## U.S. Department of Labor Wage and Hour Division

# PAYROLL

(For Contractor's Optional Use: See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. OMB No.: 1235-0008 Expires: 01/31/2015 2.28.15 NEW EGRESS STAIR PROTECT GENE SINGER US CONTHOUSE PAYROLL NO. WAGES IN 1.45 GROSS PAID 165 · NAME AND INDIVIDUAL IDENTIFYING NUMBER TOTAL HOLDING ANGUNT TOTAL DATE 3.4% (B.G., LAST FOUR DIBITS OF SOCIAL SECURITY OTHER DEDUCTIONS FOR WEEK WORK PICA OF PAY EARNED HOURS OLASSIFICATION NUMBER) OF WORKER o Work 0 DAVID OUNSTRUCTION, INC. 0 o ø lo

While completion of Form W H-347 is optioned, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assistad construction contracts to aspect to the information collection contractors performing work on Federally financed or assistad construction contracts to aspect to the wages said each employee during the preceding week." U.S. Department of Labor (DOL) regulations at (AD U.S.C. § 3145) contractors performing work on Federally financed or assistance contractors performing work on Federally financed or assistance with respect to the wages said each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weakly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed Statement of Compliance Indicating that the payrolls are correct and complete and that each laborer or machanic has been peld not less than the proper Davis-Bacon prevailing wage rate for the work performed, DOL and federal contracting against a receiving this information review he information to determine that employees have received legally required wage rate for the work performed, DOL and federal contracting against a receiving this information review he information to determine that employees have received legally required wage rate for the work performed. DOL and federal contracting against a receiving this information review he information to determine that employees have received legally required wage rate for the work performed.

#### Public Burden Statement

We asilmate that is will take can average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining he data needed, and complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining he data needed, and complete this collection, including time for reviewing the collection, including time for reviewing the collections. any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 3-20-2015  I, Richard Howard President (Name of Signatory Party)  do hereby state:  (1) That I pay or supervise the payment of the persons employed by	as indicated on the payroil, an	d in the above referenced payroli has been paid, amount not less than the sum of the applicable a amount of the required fringe benefits as listed
Rick Howard HEATing and Air Conditioning LLC on the (Contractor or Subcontractor)	EXCEPTION (CRAFT)	EXPLANATION
(Bullding or Work)  22 day of FEB , 2015, and ending the 28 day of FEB , 2015		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
Rick Howard HEATing and Air Conditioning LLC from the full (Contractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start, 108, 72 Stat. 967; 76 Stat. 367; 40 U.S.C. § 3145), and described below:	KAREN FARRELL-HOWARD NOTARY PUBLIC	
	Kentucky, State At Large My Commission Expires 10/14/2017	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Sworn to and subscribed before me this day of MAL 20 15	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(b) (6)	
(4) That: (2) Where fringe benefits are paid to approved plans, funds, or programs		DIGNATURE
— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroli, payments of fringe bene fits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(o) below.		RES  EMENTS MAY SUBJECT THE CONTRACTOR OR  E SECTION 1001 OF TITLE 18 AND SECTION 281 OF TITLE  TO SECTION 1001 OF TITLE 18 AND SECTION 281 OF TITLE 18 OF T

## U.S. Department of Labor Wage and Hour Division

# PAYROLL

(For Contractor's Optional Use; See Instructions at www.dot.gov/whilforms/wh347instr.htm)



U.S. Woo and Hour Division

Rev. Dec. 2008

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While completion of Form W41-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or sesisted construction contracts in separate to the information collection contractors performing work on Federally financed or sesisted construction contracts to the wages and employee during the preceding week." U.S. Department of Labor (COL) regulations at (40 U.S.C. § \$145) contractors and subcontractors performing work on Federally financed or sesisted construction contracts to flumbs week a statement with respect to the wages and subcontractors performing work on Federally financed or sesisted construction contracts to flumbs week." 29 O.F.F. § 5.5(a)(3)(ii) require contraction to augmit work or received are constructed or assume construction contracting for or shapping the construction project, accompanied by a signal Blatoment of Compliance Indicating that the payrolis are contracting for or shapping the construction project, accompanied by a signal Blatoment of Compliance Indicating that the payrolis are contracting for or shapping the construction project, accompanied by a signal Blatoment of Compliance Indicating that the payrolis are contracting and fringe banefits.

Or machenic has been paid not less than the proper Dayle-Bacon provaling wage rate for the work performed, DOL and federal contracting agancies receiving this information review he information to determine that employees have received legally required wages and fringe banefits.

### Public Burden Statement

We estimate that is will take can average of 55 minutes to complete this collection, including time for reviewing instructions, assirting existing data acuross, gethering and maintaining ine data needed, and complete this collection of information. If you have say comments regarding these sellmates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wege and Hour Division, U.S. Department of Labor, Room 89602, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 3 - 20 - 20 15	(b) WHERE FRINGE BENEFITS ARE PAID IN CAS	H
(Name of Signatory Party)  (Name of Signatory Party)  (Title)	as indicated on the payroll, an amo	the above referenced payroll has been paid, ount not less than the sum of the applicable rount of the required fringe benefits as listed
do hereby state:	in the contract, except as noted in	section 4(d) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS	
Rick Howard HEATing And AIR Conditioning LC on the (Contractor or Subcontractor)	EXCEPTION (CRAFT)	EXPLANATION
Project #13-015 ; that during the payroll period commencing on the (Building or Work)		
1 day of MARCh 2015, and ending the 14 day of MARCh 2015		
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said		
Rick Howard HEATing and Air Conditioning LLC from the full (Contractor or Subcontractor)		
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part	<u> </u>	•
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), leaved by the Secretary of Lebor under the Copeland Act, as amended (48 Stat. 948, 63 Start, 108, 72 Stat. 987; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	KAREN FARRELL-HOWARD NOTARY PUBLIC	
	Konlecky, Siele Al Large	
	My Commission Expires 10/14/2017	,
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	,	
	REMARKS:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are	Sworn to and subscribed	•
correct and complete, that the ware raise for ishorars or machanics contained therein are not less than the	before me this	
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	20 day of MAR. 2015	
•		
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Lebor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(b) (6)	
	April 1997	
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	- GN	ATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroli, payments of fringe bene fits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	AE SE SE SE SE SE SE SE SE SE SE SE SE SE	K HOWAY VESS NTS MAY SUBJECT THE CONTRACTOR OR ECTION 1001 OF TITLE 18 AND SECTION 231 OF TITL

# U.S. Department of Labor Wage and Hour Division

# PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whilforms/wh347instr.htm)

U.S. Wige and Hour Division Rev. Dec. 2008

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, (	)				Name and Address of the Owner, where			-			(5)	(6)	(7)			•	(B) BNOITGL			( <del>6</del> )
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While completion of Form WPI-347 is optional, it is mandetary for covered contractors and subcontractors and

### Fubile Burden Statement

We selimine that is will take some newards of 55 minutes to complete this collection, including time for reviewing instructions, searching existing date sources, gallering and maintaining in decimal and complete this collection of information, if you have any community regarding these are submitted or any other sepect of the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Dishin, U.S. Department of Lation Room 63802, 200 Constitution Avanua, N.W.
Washington, D.C. 20210

	•	
Date 3 - 20 - 2015	(b) WHERE FRINGE BENEFITS ARE PAID IN CA	sh .
I, Richard Howard President (Name of Signatory Party)  do hereby state:  (Title)	er Indicated on the neural on St	in the above referenced payroll has been paid, nount not less than the sum of the applicable amount of the required fringe benefits as listed in section 4(o) below.
(1) That I pay or supervise the payment of the persons employed by	(e) EXCEPTIONS	•
Rick Howard HEATING And Ale Conditioning LLC on the	(C) EVOEL (1014)	
(Contractor or Subcontractor)	EXCEPTION (CRAFT)	EXPLANATION
Project 413-015 ; that during the payroll period commencing on the		
(Building or Work)  15 day of MARCH, 2015, and ending the 21 day of MARCH, 2015,		
all persons employed on sold project have been peld the full weekly wages earned, that no rebates have		
been or will be made either directly or indirectly to or on behalf of said	-	
Rick Howard HEATING and Air Conditioning LLC from the full		
(Contractor or Subcontractor)	Charles and the second	
weekly wages earned by any person and that no deductions have been made either directly or indirectly	4	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Pert 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 68 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	KAREN FARRELL-HOWARD NOTARY PUBLIC	
1	Kentucky, State At Large My Commission Expires 10/14/2017	
	MA CONTRIBUTION OF THE LAND.	
r **		4403413144440
	REMARKS:	THE PART STORY
	Sworn to and subscribed	A Committee of the Comm
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the	before me this	
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	20 day of MAL , 2015	
		- 12/11/01/61 -
(3) That any apprentices employed in the above period are duly registered in a bone fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and		Mary Mary Mary Mary Mary Mary Mary Mary
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	(b) (6)	The state of the s
	-	
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	7	GNATURE
		ack Howard PRES
In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroli, payments of fringe benefits as listed in the contract	SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEI	MENTS MAY SUBJECT THE CONTRACTOR OR SECTION 1001 OF TITLE 18 AND SECTION 231 OF TIT
have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(o) below.	31 OF THE UNITED STATES CODE.	

# U.S. Department of Labor

Wage and Hour Division

# PAYROLL

(For Contractor's Optional Use; See instructions at www.doi.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

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NAME OF CONTRACTOR OR SUBCONTR	ACTOR					· · · · · · · · · · · · · · · · · · ·	ADDRE	88		· · · · · · · · · · · · · · · · · · ·	<del></del>				OMB No.:	1235-0008
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While completion of Form WH-347 is optional, it is mandstory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act
(40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a sizelement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at
28 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompenied by a signed "Statement of Compilance" indicating that the payrolls are correct and compilate and indicating that the proper Davis-Bacon prevailing wege rate for the work performed. DOL and federal contracting agencies receiving this information review he information to determine that employees have received legally required wages and fringe benefits.

### **Public Burden Statement**

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gethering and maintaining he data needed, and completing and reviewing the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Divisio, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C., 20210

(Name of Signatory Party) (Name of Signatory Party) (Itile) do hereby state:  (1) The I pay or supervise the payment of the persons employed by  Rick Housed HEATING And Air Conditioning LCC on the  (Confrictor or Subcontrisation)  Rock CT #13 - 9/5 ; intelligent work  (Ruiding or Work)  2 day or March 215, and ending the 3 day of March 2015, all persons employed on said priject have been paid the full weekly wages earned, that no rebuttee have been or will be made either directly or indirectly from the full wages seemed by any person and that no deductions have been or will be made either directly or indirectly from the full wages seemed by any person and that no deductions have been made either directly or indirectly from the full wages seemed by any person and that no deductions have been made either directly or indirectly from the full wages seemed by any person and that no deductions as defined an Regulations, Part 3 (35 G.F.R. Subdis A.) issued by the Secretary of Labor under the Coperant Act, as amanded (48 Stat. 94), and searched before the Coperant Act, as amanded (48 Stat. 94), and searched before me this subcomplete; that the wage rates of cilaborers or mechanics contained therein are not less than the application wage are takes contained and many wage determination incorporated in the contract in the desiration of the personal program registered with a State appendication and any wage determination incorporated in the soon period are beginned with a State appendication and program registered with a State appendication program registered with a State appendication and program registered with a State appendication and program registered with a State appendication and program registered with a State appendication and program registered with a State appendication and program registered with a State appendication and program registered with a State appendication and program registered with a State appendication and program registered with a State as appendication and program registered with a State as app			
(Name of Signatory Perty) (Title)  to hereby state:  (1) That I pay or supervise the payment of the persons employed by  Rick Howard HEATING And HEAD AND HEAD HEAD AND HEAD HEAD AND HEAD AND HEAD AND HEAD AND HEAD AND HEAD AND HEAD AND H	Date 3-31-2015	(b) WHERE FRINGE BENEFITS ARE PAID IN CA	SH
(1) That I pay or supervise the payment of the persons employed by  RICK HOWARD HEATING AND HE CONDITIONS LCC on the  RICK HOWARD HEATING AND HE CONDITIONS LCC on the  ROBERT BIS-015 intending the payroll period commencing on the  (Building or Work)  2.2 day of MARCH 2015, and ending the 31 day of MARCH 2015.  RICK HOWARD HEATING AND HEATING HEATING HEATING AND HEATING AND HEATING AND HEATING HEATING HEATING HEATING AND HEATING HEATING HEATING HEATING HEATING HEATING HEATING HEATING HEATING HEATING HEATING HEATING HEATING HEATIN	) NOTE TO THE PARTY OF THE PART	as indicated on the payroll, an an	nount not less than the sum of the applicable mount of the required fringe benefits as listed
Rick Howard Heating and Air Conditioning LCC on the (Contractor or Subcontractor)  Project #13-015 ; that during the payroll period commencing on the (Building or Work)  2 day of March 2/15, and ending the 31 day of March 2015, all persons employed on said project have been paid the full weekly wages earned, that no rebatios have been or will be made either directly to or on behalf of said  Rick Howard Heating and Air Londitioning LCC from the full (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (26 C.F.R. Subtlish A), issued by the Secretary of Labor under the Corpolant Act, as amended (48 Stat. 948, 68 Start. 108, 72 Stat. 367; 40 U.S.C. § 3145), and described below:  (2) That any payrolls ultrevise under the contract required to be submitted for the above period are correct and complete; that the wage rates for laborator or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated by the state apprenticeship program registered with a State apprenticeship agency recognized by the successful sagency recognized by the successful sagency recognized by the Bureau of Apprenticeship program registered with a State apprenticeship agency recognized by the successful sagency recognized by the Bureau of Apprenticeship program registered with a State apprenticeship agency recognized by the successful in a State apprenticeship agency recognized by the successful in a State apprenticeship program registered with a State apprenticeship agency recognized by the successful as State, are registered.	do hereby state:	In the contract, except as noted in	n section 4(c) below.
(Contractor or Subcontractor)  Research 13 - 0/5 ; that during the payroll period commencing on the (Building or Work)  2 day of March 20/5 and ending the 31 day of March 20/5, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  Rick House'd HEATING and Alik Conditioning Lice from the full (Contractor or Subcontractor)  weekly veges earned by any person and that no deductions have been made either directly or indirectly from the full wages samed by any person, other than permissible destuctions as defined in Regulations, Part of the full wage samed by any person, other than permissible destuctions as defined in Regulations, Part 3 (22 CF.R. Subdits A), issued by the following of the permission of the full wages samed by any person, other than permissible destuctions as defined in Regulations, Part 3 (22 CF.R. Subdits A), issued by the following of the full wage samed by any person, other than permissible destuctions as defined in Regulations, Part 3 (22 CF.R. Subdits A), issued by the following of the full wages samed by any person, other than permissible destuctions as defined in Regulations, Part 3 (22 CF.R. Subdits A), issued by the full wage samed defined to the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition of the full wages samed to a subdition		(c) EXCEPTIONS	1
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(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duty registered in a bone fide apprenticeship and program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and the states Department of Labor or if no such recognized agency exists in a State, are registered.		Manager programmed their facilities of the state of the s	
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and the state of t			Pasident
— In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe bene fits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees,		MAY SUBJECT THE CONTRACTOR OR ON 1001 OF TITLE 18 AND SECTION 231 OF TITLE

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# PAYROLL

U.S. Department of Labor
Wage and Hour Division

### (For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division Rev. Dec. 2008

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NAME OF CONTRACTOR	OR SUBC	ONTRAC	TOR 🔽				ADDRE	SS										OMB No.: 12	235-0008
Wagner Electric Comp	pany, Inc.						P.C	). Box 99	1551	7 Loui:	sville KY 4026	9-1517						Expires: 01/3	31/2015
PAYROLL NO.	FOR WEE														PROJEC	T OR CONTRA	CT NO.		
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Date:	4/17/201	5
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I, Terry Brown	
Name of Signatory Party	Title

do hereby state:

(1) That I pay or supervise the payment of the persons employed by <u>Wagner Electric</u>

<u>Company, Inc.</u> on the <u>GS Courthouse</u>; that during the payroll period commencing on the <u>22</u> day of <u>Mar, 2015</u> and ending the <u>28</u> day of <u>Mar, 2015</u>, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said <u>Wagner Electric</u>

<u>Company, Inc.</u> from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
  - (4) That:
    - (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
  - in addition to the basic hourly wage rates paid to each laborer or mechanic listed
    in the above referenced payroll, payments of fringe benefits as listed in the contract
    have been or will be made to appropriate programs for the benefit of such
    employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

### (c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:	
	(b) (6)
NAME AND TITLE	
Terry Brown	
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEME SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE TITLE 31 OF THE UNITED STATES CODE.	

# U.S. Department of Labor

Wage and Hour Division

## **PAYROLL**

# U.S. Wage and Hour Division

 $(For\ Contractor's\ Optional\ Use;\ See\ Instructions\ at\ www.dol.gov/whd/forms/wh347 instr.htm)$ 

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Rev. Dec. 2008

ADDRESS

OMB No.: 1235-0008

NAME OF CONTRACTOR OR SU  Wagner Electric Company, Inc.	BCONTRAC	TOR 🗸					P.C		<b>c</b> 99	1551	7 Loui	sville KY 402	69-1517						OMB No.: 12 Expires: 01/3	
	WEEK ENDI 4/04/201			ND LOCA urthou		N										PROJEC	ot or contra 27	CT NO.		
(1)	(2)	(3)	Ī			(4) DAY	AND	DATE		7	(5)	(6)	(7)		- HILLIAN 14 II	n	(8) EDUCTIONS			(9)
	SNS SNS		r ST	Sun	Mon	Tue	Wed	Thu	Fri	Fri Sat			GROSS	FEDERAL	FICA	STATE	5			NET WAGE
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Date:	4/17/2015	=
Date.	4/11/2013	,

l,	Terry Brown	
	Name of Signatory Party	Title

do hereby state:

(1) That I pay or supervise the payment of the persons employed by <u>Wagner Electric</u>

Company, Inc. on the <u>GS Courthouse</u>; that during the payroll period commencing on the <u>29</u> day of <u>Mar, 2015</u> and ending the <u>04</u> day of <u>Apr, 2015</u>, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said <u>Wagner Electric</u>

Company, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.
- (4) That:
  - (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
- in addition to the basic hourly wage rates paid to each laborer or mechanic listed
  in the above referenced payroll, payments of fringe benefits as listed in the contract
  have been or will be made to appropriate programs for the benefit of such
  employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

### (c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:
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4 1 (0)
NAME AND TITLE (b) (6)
Terry Brown
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEM SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SE
TITLE 31 OF THE UNITED STATES CODE.

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# U.S. Department of Labor

Wage and Hour Division

# PAYROLL (For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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U.S. Wage and Hour Division Rev. Dec. 2008 OMB No.: 1235-0008

NAME OF CONTRACTOR [ Wagner Electric Com	or subcopany, Inc.	ONTRAC'	FOR 🗸					P.O		991	551	7 Loui	sville KY 4026	69-1517						OMB No.: 12 Expires: 01/3	
PAYROLL NO. 67	FOR WE	EK ENDIN			ND LOC		1										PROJECT	T OR CONTRA	CT NO.		
(1)		(2) o n	(3)	н	Sun		(4) DAY	-	DATE Thu	Fri	Sat	(5)	(6)	(7)			D	(8) EDUCTIONS			(9)
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Date:	4/1	7/20	115

i,	Terry Brown	
	Name of Signatory Party	Title

do hereby state:

(1) That I pay or supervise the payment of the persons employed by <u>Wagner Electric</u>

<u>Company, Inc.</u> on the <u>GS Courthouse</u>; that during the payroll period commencing on the <u>05</u> day of <u>Apr, 2015</u> and ending the <u>11</u> day of <u>Apr, 2015</u>, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said <u>Wagner Electric</u>

<u>Company, Inc.</u> from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

#### (4) That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
- in addition to the basic hourly wage rates paid to each laborer or mechanic listed
  in the above referenced payroll, payments of fringe benefits as listed in the contract
  have been or will be made to appropriate programs for the benefit of such
  employees, except as noted in section 4(c) below.

## (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

### (c) EXCEPTIONS

REMARKS:

EXCEPTION (CRAFT)	EXPLANATION

NAME AND TITLE	(b) (6)
Terry Brown	
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STAT	
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. TITLE 31 OF THE UNITED STATES CODE.	

# **GROT, INC. TRANSMITTAL**

TO: GSA, PBS, Acquisition	n Division		Date:	01/14/1	5
Small Projects Branch	n (4QP)		Contract No.:	GS-04P	-10-EX-C-0069
401 W. Peachtree Str	eet		Contr. Name:	Renovat	ion of Social Security
Atlanta, GA 30308 Attn: Lee Razaitis				Admin Of	fices Gene Snyder Courthouse
Karen Di	rake		SHOP DRA	WINGS	CHANGES
			SAMPLES		CHANGE ORDER
			PRINTS		BROCHURES
			SPECIFICA	TIONS	xxxxxx SEE BELOW
We are sending this d	ate the following:				
LIST OF ITEMS					
No. By		For	•		No. Copies
Grot, Inc.					
Certified Payroll Reports wee	ek ending 1/3/15				2
					y *
These are delivered for the p	ourpose checked below	v:			
CORRECTION	APPROVAL		GEN. INFORMATIO	ON	DISTRIBUTION
PRICING	FABRICATION		FIELD USE		SEE ABOVE
and return		of each			
Sent by:			(b) (6)		
MESSENGER					
UPS					
EXPRESS		Ву			
<b>xx</b> MAIL					
FAX					
G	rot, Inc. 355 Price	Road			
	PHONE - 859-254	-	FAX 859-254-3	847	

--- Hours Worked This Job ---

Thu

01/01 01/02 01/03

Fri

Net Pay

Job Gene Snyder Courthouse SSA 601 W. Broadway Louisville, KY 40202-2238

Name

Contractor Grot. Inc. 355 Price Road Lexington, KY 40511

12/29

12/30

12/31

Wed

Customer GSA PBS Financial Mngmt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Sat

12/28

Sun

Tot

Job Number: 11022 Week Ending: 1/3/2015

State

Gross Pav

This Job

All Jobs

Pay

Rate

-- Deductions -Local

Fed. Fica Other Check # Med

Total

Name	Mar	Exemp.	Mon	lue	Wed	Thu	Fri	Sat	Sun	lot	Rate	All Jobs	State	Total	Net Pay	
=======================================	=====	=======	======	=====		=====		=====	======		=======		======		======	
		<u>Hours</u>		Pay												
Regu	ılar	0.000		0.00												
Overti	me	0.000		0.00												
		$\overline{0.000}$		0.00												

I, Angela Lafferty, Payroll Specialist, hereby state:

Soc Sec No.

Class

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 12/28/2014 and ending 1/3/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR **PROGRAMS** 

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--Éach laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below

(c) EXCEPTION (CRAFT)

	11 TO 18 10 TO 10	
	(b) (c)	
	(D) (O)	
REMARKS		
Name and title Angela Lafferty, Payroll Specialist		10
The Willful Falsification Of Any Of		
Contractor Or SubContractor To Ci		
See Section 1001 Of Title 18 And 9		
States.		

Ν

Contractor Grot. Inc. 355 Price Road Lexington, KY 40511

0.000

0.000

0.000

Customer GSA PBS Financial Mngmt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 1/3/2015

-- Deductions -

	Soc Sec No.			Но	urs Work	ked This	Job				Gross Pay	Fed. Fica	Local Other	Check #
	Class	12/29	12/30	12/31	01/01	01/02	01/03	12/28		Pay	This Job	Med		
Name	Mar Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	State	Total	Net Pay
=======================================	Houre		Pav											

I, Angela Lafferty, Payroll Specialist, hereby state:

Regular

Overtime

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 12/28/2014 and ending 1/3/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

0.00

0.00

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

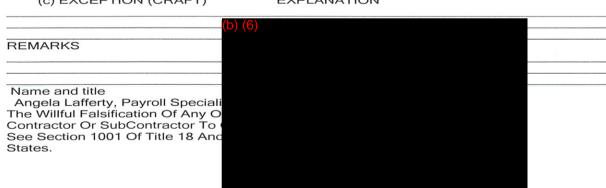
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--Éach laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below

(c) EXCEPTION (CRAFT)



# GROT, INC. TRANSMITTAL

TO:	GSA, PBS, Acquisition Division Small Projects Branch (4QP) 401 W. Peachtree Street Atlanta, GA 30308 Attn: Lee Razaitis		Date: Contract No.: Contr. Name:  SHOP DRA SAMPLES PRINTS SPECIFICA	Renovati Admin Of WINGS	ion of Social Security fices Gene Snyder Courthouse  CHANGES CHANGE ORDER BROCHURES  XXXXXXX SEE BELOW
	We are sending this date the following:				
No. <b>Grot,</b>	•	For 24, 1/31			No. Copies
These	e are delivered for the purpose checked below:				
	CORRECTION APPROVAL PRICING FABRICATION and return	San San San San San San San San San San	GEN. INFORMATI		DISTRIBUTION SEE ABOVE
Sent		Ву:	(b) (6)		
	Grot, Inc. 355 Price I PHONE - 859-254-				

Contractor Grot. Inc. 355 Price Road Lexington, KY 40511 Customer **GSA PBS Financial Mngmt** 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 1/10/2015

-- Deductions --

													Fed.	Local	
	Soc	Sec No.			Но	urs Work	ced This	Job				Gross Pay	Fica	Other	Check #
	Clas	S	01/05	01/06	01/07	01/08	01/09	01/10	01/04		Pay	This Job	Med		
Name	Mar	Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	State	Total	Net Pay
==============	=======	=======	======	=====	=====	======	=====	======	======	======	======		======	======	======
		Hours		Pay											
	Regular	0.000		0.00											
	Overtime	0.000		0.00											
		0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/4/2015 and ending 1/10/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR **PROGRAMS** 

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c)

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

-Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

EVEL ANATION

(c) EXCELLION (CITALL)	EXITERINATION
(h) (6)	
(6) (6)	
REMARKS	
	7
Name and title Angela Lafferty, Payroll Specialist The Willful Falsification Of Any Of Contractor Or SubContractor To Ci See Section 1001 Of Title 18 And S States.	

--- Hours Worked This Job -

01/09

01/08

Gene Snyder Courthouse SSA 601 W. Broadway Louisville, KY 40202-2238

\_\_\_\_\_

Name

Contractor Grot, Inc. 355 Price Road Lexington, KY 40511

01/05

01/06

01/07

GSA PBS Financial Mngmt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

01/10

01/04

Sun

Tot

Pay

Rate

Job Number: 11022 Week Ending: 1/10/2015

-- Deductions Fed. Local Fica Gross Pay Other Check # This Job Med All Jobs State Net Pay Total

		-	0 11 0 0	0 11 0 0	0 0 .	0 ., 00	01,00	01710
	Mar	Exemp.	Mon	Tue	Wed	Thu	Fri	Sat
	====	=======	======		=====	======	=====	=====
		Hours		Pay				
Regu	lar	0.000		0.00				
Overtin	me	0.000		0.00				
		0.000		$\overline{0.00}$				

Soc Sec No.

Class

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/4/2015 and ending 1/10/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

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(c) EXCEPTION (CRAFT)

	(b) (6)
REMARKS	
Name and title Angela Lafferty, Payroll Speciali The Willful Falsification Of Any O Contractor Or SubContractor To G See Section 1001 Of Title 18 And	
States.	

Page: 1

Job Gene Snyder Courthouse SSA 601 W. Broadway Louisville, KY 40202-2238 Contractor Grot, Inc. 355 Price Road Lexington, KY 40511 Customer
GSA PBS Financial Mngmt
819 Taylor Street Room 11A01
Ft Worth, TX 76102

Job Number: 11022 Week Ending: 1/17/2015

> -- Deductions --Fed. Local

													Fed.	Local	
	Soc	Sec No.		Hours Worked This Job Gross Pay											Check #
	Clas	S	01/12	01/13	01/14	01/15	01/16	01/17	01/11		Pay	This Job	Med		
Name	Mar	Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	State	Total	Net Pay
=======================================	======	=======	======	=====	======		=====	======	======				======	======	
		Hours		Pay											
Re	egular	0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

 $\frac{0.000}{0.000}$ 

Overtime

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/11/2015 and ending 1/17/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

0.00

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

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(c) EXCEPTION (CRAFT)	EXPLANATION
(b) (	6)
REMARKS	
Name and title Angela Lafferty, Payroll Specialis The Willful Falsification Of Any Of Contractor Or SubContractor To 0 See Section 1001 Of Title 18 And States.	The

Contractor Grot Inc 355 Price Road Lexington, KY 40511

0.000

Customer GSA PBS Financial Mngmt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 1/17/2015

-- Deductions -

1												Fed.	Local	
	Soc Sec No.			Но	urs Work	ed This	Job				Gross Pay	Fica	Other	Check #
1	Class	01/12	01/13	01/14	01/15	01/16	01/17	01/11		Pay	This Job	Med		
Name	Mar Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	State	Total	Net Pay
=======================================	=========	======		======		=====	======	======				======	======	======
1	Hours		Pay											
F	Regular 0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

Regular Overtime

That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/11/2015 and ending 1/17/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

0.00

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

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Contractor Grot. Inc. 355 Price Road Lexington, KY 40511 Customer GSA PBS Financial Mngmt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 1/24/2015

-- Deductions --

	Class		01/19	01/20	01/21	01/22	01/23	01/24			Pay	Gross Pay This Job	Fed. Fica Med	Local Other	Check #
Name	Mar	Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	State	Total	Net Pay
=======================================	=======		======		=====		=====	======			======		======	======	
		<u>Hours</u>		<u>Pay</u> 0.00											
	Regular	0.000		0.00											
	Overtime	0.000		0.00											
		0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/18/2015 and ending 1/24/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

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4] That:

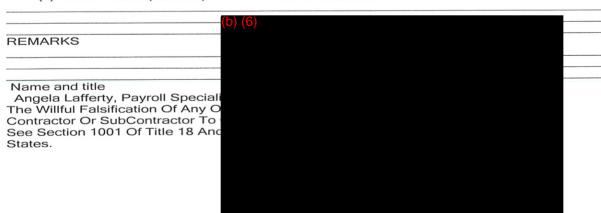
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of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below

(c) EXCEPTION (CRAFT)



## Certified Payroll Register

Page: 1

Job Gene Snyder Courthouse SSA 601 W. Broadway Louisville, KY 40202-2238 Contractor Grot, Inc. 355 Price Road Lexington, KY 40511 Customer GSA PBS Financial Mngmt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 1/24/2015

-- Deductions --

													Fed.	Local	
	Soc	Sec No.	Hours Worked This Job									Gross Pay	Fica	Other	Check #
	Clas	S	01/19	01/20	01/21	01/22	01/23	01/24	01/18		Pay	This Job	Med		
Name	Mar	Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	State	Total	Net Pay
=======================================	=======	=======	======		=====		=====	======	======	======	======			======	======
		Hours		Pay											
	Regular	0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

0.000

Overtime

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/18/2015 and ending 1/24/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

0.00

0.00

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH ---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

	(b) (6)
REMARKS	
Name and title Angela Lafferty, Payroll Speciali The Willful Falsification Of Any O Contractor Or SubContractor To 0 See Section 1001 Of Title 18 And States.	

Name

Contractor Grot. Inc. 355 Price Road Lexington, KY 40511

Customer GSA PBS Financial Mngmt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 1/31/2015

> -- Deductions -Fed. Local

Gross Pav Fica Other Check # -- Hours Worked This Job --Soc Sec No. Pav Med 01/28 01/29 01/30 01/31 01/25 This Job 01/26 01/27 Class Net Pay State Total Mar Exemp. Mon Tue Wed Thu Fri Sat Sun Tot Rate All Johs \_\_\_\_\_

=============== Pay Hours 0.00 0.000 Regular 0.000 0.00 Overtime 0.000

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/25/2015 and ending 1/31/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR **PROGRAMS** 

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(c) EXCEPTION (CRAFT)

	(b) (6)
REMARKS	
Name and title Angela Lafferty, Payroll Specialist The Willful Falsification Of Any Of Th Contractor Or SubContractor To Civi See Section 1001 Of Title 18 And Se States.	

Contractor Grot. Inc. 355 Price Road Lexington, KY 40511 Customer GSA PBS Financial Mngmt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 1/31/2015

-- Deductions -

												Fed.	Local	
	Soc Sec No.			Но	urs Work	ed This	Job				Gross Pay	Fica	Other	Check #
	Class	01/26	01/27	01/28	01/29	01/30	01/31	01/25		Pay	This Job	Med		
Name	Mar Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	State	Total	Net Pay

========	========	=======
	Hours	Pay
Regular	0.000	0.00
Overtime	0.000	0.00
	0.000	0.00

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 1/25/2015 and ending 1/31/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

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4] That: agency exists in a State, are registered with the Bureau of Apprenticeship

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XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

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(c) EXCEPTION	(CRAFT)
---------------	---------

	(b) (6)
REMARKS	
Name and title Angela Lafferty, Payroll Speciali The Willful Falsification Of Any O Contractor Or SubContractor To See Section 1001 Of Title 18 And States.	

# **GROT, INC. TRANSMITTAL**

TO:	GSA, PBS, Acquisition Division		Date:	02/13/1	4	
	Small Projects Branch (4QP)		Contract No.:	GS-04P	-10-EX-C-006	9
	401 W. Peachtree Street		Contr. Name:	Renovat	ion of Social S	Security
	Atlanta, GA 30308			Admin O	ffices Gene Sny	der Courthouse
	Attn: Karen Drake		SHOP DRA	AWINGS	CHAN	IGES IGE ORDER
			PRINTS		BROO	HURES
			SPECIFICA	ATIONS	XXXXXX SEE E	BELOW
	We are sending this date the following:					
LIST	OF ITEMS					
No.	Ву	For			No. Copies	
Grot,	Inc.					
Certif	fied Payroll Reports week ending 2/7/15				2	
Thes	e are delivered for the purpose checked below	v:				
	CORRECTION APPROVAL		GEN. INFORMAT	ION	DISTE	RIBUTION
	PRICING FABRICATION		TFIELD USE		SEE A	ABOVE
		of oook	_			
	and return	_of each				
Sent	by:	7	b) (6)			
	MESSENGER	V				
	UPS					
	EXPRESS	В				•
xx	MAIL					
	FAX					

Grot, Inc. 355 Price Road Lexington, KY 40511 PHONE - 859-254-3848 FAX 859-254-3847

Contractor 355 Price Road Lexington, KY 40511 Customer GSA PBS Financial Mngmt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 2/7/2015

> -- Deductions --Fod Local

													ı cu.	Local	
	Soc	Soc Sec No Hours Worked This Job Gross Pay									Fica	Other	Check #		
, e	Clas	S	02/02	02/03	02/04	02/05	02/06	02/07	02/01		Pay	This Job	Med		
Name	Mar	Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	State	Total	Net Pay
============	========	=======	======		======		=====	======	======	======	======	=======	======	======	=======
		Hours		Pay											
	Regular	0.000		0.00											
	Overtime	0.000		0.00											
		0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 2/1/2015 and ending 2/7/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

States.

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR **PROGRAMS** 

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below

(c) EXCEPTION (CRAFT) **EXPLANATION** REMARKS Name and title Angela Lafferty, Payroll Speci The Willful Falsification Of Any Contractor Or SubContractor See Section 1001 Of Title 18 A

### Certified Payroll Register

Page: 1

Job Gene Snyder Courthouse SSA 601 W. Broadway Louisville, KY 40202-2238

Contractor Grot. Inc. 355 Price Road Lexington, KY 40511

Customer **GSA PBS Financial Mngmt** 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 2/7/2015

Deductions											
	Fed.	Local									
s Pay	Fica	Other	Check #								
s Job	Med										
Jobs	State	Total	Net Pay								

Doductions

Name	Class	Sec No. S Exemp.	02/02 Mon	02/03 Tue	Ho 02/04 Wed	urs Work 02/05 Thu	ed This 02/06 Fri	Job 02/07 Sat	02/01 Sun	Tot	Pay Rate	Gross Pay This Job All Jobs	Fica Med State	Oth
=======================================	Regular Overtime	Hours 0.000 0.000	======	Pay 0.00 0.00	=====	=====	=====	======	:=====	======	======	======		====

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 2/1/2015 and ending 2/7/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH --Éach laborer or mechanic listed in the above referenced payroll

has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)	EXPLANATION	
REMARKS	(b) (6)	
Name and title Angela Lafferty, Payroll Specialist The Willful Falsification Of Any Of Tl		
Contractor Or SubContractor To Civ See Section 1001 Of Title 18 And Se States.		

# **GROT, INC. TRANSMITTAL**

TO:	GSA, PBS, Acquisition Division		Date:	03/26/15	5
	Small Projects Branch (4QP)		Contract No.:	GS-04P-	-10-EX-C-0069
	401 W. Peachtree Street		Contr. Name:	Renovat	ion of Social Security
	Atlanta, GA 30308			Admin Of	fices Gene Snyder Courthouse
	Attn: Karen Drake		SHOP DRA	WINGS	CHANGES  CHANGE ORDER
			PRINTS		BROCHURES
			SPECIFICA	TIONS	xxxxxx SEE BELOW
	We are sending this date the following:				
LIST	OF ITEMS				
No.	Ву	For			No. Copies
Grot,	Inc.				
Certif	ied Payroll Reports week ending 3/28/15				2
These	e are delivered for the purpose checked below	w:			
	CORRECTION		GEN. INFORMATI	ON	DISTRIBUTION
	PRICING FABRICATION		FIELD USE		SEE ABOVE
	and return	_of each			
Sent	bv:	135-94	(b) (6)		
	MESSENGER				
	UPS				
	EXPRESS	Ву			
xx	MAIL				
	FAX				
	•				

Grot, Inc. 355 Price Road Lexington, KY 40511 PHONE - 859-254-3848 FAX 859-254-3847

Contractor Grot, Inc. 355 Price Road Lexington, KY 40511

0.000

0.000

Customer GSA PBS Financial Mngmt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 3/28/2015 #155

> -- Deductions --Fed. Local

													rea.	Local	
	Soc S	Sec No.			Но	urs Work	ed This	Job				Gross Pay	Fica	Other	Check #
	Class	6	03/23	03/24	03/25	03/26	03/27	03/28	03/22		Pay	This Job	Med		
Name	Mar	Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	State	Total	Net Pay
	======		======	=====	=====	=====	=====	======	======	======	=====			======	======
Re	gular	Hours 0.000		<u>Pay</u> 0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

Overtime

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 3/22/2015 and ending 3/28/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

0.00

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

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(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

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(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

		_
	(b) (6)	
REMARKS		
Name and title Angela Lafferty, Payroll Specialis		
The Willful Falsification Of Any Of		
Contractor Or SubContractor To C		
See Section 1001 Of Title 18 And		
States.		

--- Hours Worked This Job -

Page: 1

Job Gene Snyder Courthouse SSA 601 W. Broadway Louisville, KY 40202-2238

Name

=======

Contractor Grot, Inc. 355 Price Road Lexington, KY 40511

Customer GSA PBS Financial Mnamt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

03/28

Sat

03/22

Sun

Tot

Pay

Rate

Job Number: 11022 Week Ending: 3/28/2015

-- Deductions --Fed. Local Gross Pay Fica Other Check # This Job Med Net Pay All Jobs State Total

Clas	s	03/23	03/24	03/25	03/26	03/27	
Mar	Exemp.	Mon	Tue	Wed	Thu	Fri	
		======		=====		=====	==
	Hours		Pay				
Regular	0.000		0.00				
Overtime	0.000		0.00				
	0.000		0.00				

Soc Sec No.

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 3/22/2015 and ending 3/28/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

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(c) EXCEPTION (CRAFT)

(6) 2/(62) 11611 (6) 1/11 1/	_,,,	
	(b) (6)	
REMARKS		
Name and title Angela Lafferty, Payroll Specialis The Willful Falsification Of Any Of Contractor Or SubContractor To C See Section 1001 Of Title 18 And States.		

# GROT, INC. TRANSMITTAL

TO:	GSA, PBS, Acquisit Small Projects Bran 401 W. Peachtree S Atlanta, GA 30308 Attn: Karen Drake	nch (4QP)		Date: Contract No.: Contr. Name:	Renovat Admin Of	-10-EX-C-0069 cion of Social Security ffices Gene Snyder Courthouse  CHANGES
				SAMPLES PRINTS SPECIFICA	ATIONS	CHANGE ORDER BROCHURES xxxxxxx SEE BELOW
	We are sending this	s date the following:				
No.	OF ITEMS By		For			No. Copies
Grot, Certif		week ending 4/4, 4/11				2
These		a numaca abaakad balay				
mes		e purpose checked belov	v.	-		
	CORRECTION	APPROVAL		GEN. INFORMAT	ION	DISTRIBUTION
	PRICING and return	FABRICATION	of each	FIELD USE		SEE ABOVE
Sent		Over the 255 Drie				
		Grot, Inc. 355 Price	e Roa			

PHONE - 859-254-3848 FAX 859-254-3847

Contractor Grot, Inc. 355 Price Road Lexington, KY 40511 Customer GSA PBS Financial Mngmt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 4/4/2015

-- Deductions --

													Fed.	Local	
		Sec No.										Gross Pay	Fica	Other	Check #
	Clas	S	03/30	03/31	04/01	04/02	04/03	04/04	03/29		Pay	This Job	Med		
Name	Mar	Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	State	Total	Net Pay
	====		======	=====	=====	======	=====	======	=====	======	======		======	======	=======
		Hours		Pay											
Regu	ılar	0.000		0.00											
Overti	me	0.000		0.00											
		0.000		0.00											

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 3/29/2015 and ending 4/4/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

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(c) EXCEPTION (CRAFT)

REMARKS	(b) (6)		
Name and title Angela Lafferty, Payroll Specia The Willful Falsification Of Any C Contractor Or SubContractor To See Section 1001 Of Title 18 An States.			

Contractor Grot, Inc. 355 Price Road Lexington, KY 40511 Customer GSA PBS Financial Mngmt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 4/4/2015

-- Deductions --Fed. Local Gross Pay Fica Other Check # This Job Med All Jobs State Total Net Pay

Name	Class	Sec No. Exemp.	03/30 Mon	03/31 Tue	Ho 04/01 Wed	urs Work 04/02 Thu	ced This 04/03 Fri	Job 04/04 Sat	03/29 Sun	Tot	Pay Rate	Gross Pay This Job All Jobs
	Regular Overtime	Hours 0.000 0.000 0.000		Pay 0.00 0.00 0.00						,		

I, Angela Lafferty, Payroll Specialist, hereby state:

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3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

	(b) (6)	
REMARKS		
Name and title Angela Lafferty, Payroll Special The Willful Falsification Of Any O		
Contractor Or SubContractor To See Section 1001 Of Title 18 And States.		
otates.		

Name

Contractor Grot. Inc. 355 Price Road Lexington, KY 40511

Customer GSA PBS Financial Mngmt 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 4/11/2015

-- Deductions -

Fed. Local Gross Pay --- Hours Worked This Job -Check # Soc Sec No. Fica Other 04/11 04/07 04/08 04/05 Class 04/06 04/09 04/10 Pay This Job Med Mar Exemp. Mon Tue Wed Thu Fri Sat Sun Tot Rate All Jobs State Total Net Pay \_\_\_\_\_ \_\_\_\_\_

Pay 0.000 0.00 Regular 0.000 0.00 0.000

I, Angela Lafferty, Payroll Specialist, hereby state:

1) That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 4/5/2015 and ending 4/11/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3] That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship

and Training, United States Department of Labor.

4] That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

--Éach laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below

(c) EXCEPTION (CRAFT)

REMARKS	(b) (6)	
Name and title Angela Lafferty, Payroll Specia The Willful Falsification Of Any C Contractor Or SubContractor To See Section 1001 Of Title 18 An States.		

.loh Gene Snyder Courthouse SSA 601 W. Broadway Louisville, KY 40202-2238

Contractor Grot. Inc. 355 Price Road Lexington, KY 40511 Customer **GSA PBS Financial Mngmt** 819 Taylor Street Room 11A01 Ft Worth, TX 76102

Job Number: 11022 Week Ending: 4/11/2015

-- Deductions -

													Fed.	Local		
	Soc	Sec No.			Но	urs Work	ked This	Job				Gross Pay	Fica	Other	Check #	
	Clas	S	04/06	04/07	04/08	04/09	04/10	04/11	04/05		Pay	This Job	Med			
Name	Mar	Exemp.	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Tot	Rate	All Jobs	State	Total	Net Pay	
=======================================		=======	======		=====		=====	======	======	=====	======		======	======	======	
		Hours		Pay												
	Regular	0.000		0.00												
	Overtime	0.000		0.00												

0.000

I, Angela Lafferty, Payroll Specialist, hereby state:

1] That I pay or supervise the payment of the persons employed by Grot, Inc. on the Gene Snyder Courthouse SSA that during the payroll period commencing on 4/5/2015 and ending 4/11/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Grot, Inc. (Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

2] That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

31 That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4] That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR **PROGRAMS** 

XX---In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

---Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTION (CRAFT)

**EXPLANATION** 

REMARKS	(b) (6)		
Name and title Angela Lafferty, Payroll Specia The Willful Falsification Of Any C Contractor Or SubContractor To See Section 1001 Of Title 18 An States.			





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/26/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Phone: 251-473-9000 CONTACT Sandy Phillips, CIC,CISR,CPIW Fax: 251-473-9010 Phone (AIC, No, Ext): 251-473-9000 E-MAIL candy (#thamps bette com PRODUCER Thames Batre' Insurance P. O. Box 6989 Mobile, AL 36660-0989 FAX (A/C, No): 251-473-9010 ADDRESS: sandy@thamesbatre.com Bo Mattei CUSTOMER ID #: WITHE-1 INSURER(S) AFFORDING COVERAGE NAIC # Witherington Construction INSURED INSURER A: FCCI Insurance Company Corporation INSURER B 6159 Omni Park Drive INSURER C Mobile, AL 36695 INSURER E INSURER F

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY	Ī.,		(b) (4)			EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY	X		(b) (4)	03/01/15	03/01/16	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	S	10,000
							PERSONAL & AUV INJURY	5	1,000,000
							GENERAL AGGREGATE	S	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	S	2,000,000
	POLICY X PRO- JECT LOC							S	
Α	X ANY AUTO			b) (4)	03/01/15	03/01/16	COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	ALL OWNED AUTOS				03/01/13	03/01/10	BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	s	
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	s	
	NON-OWNED AUTOS							S	
								5	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	S	5,000,000
Α	EXCESS LIAB CLAIMS-MADE		(t	o) (4)	03/01/15	03/01/16	AGGREGATE	S	5,000,000
	DEDUCTIBLE				00/01/10	00/01/10		s	
	X RETENTION S 10000							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		6	) (4)			X WC STATU- TORY LIMITS OTH- ER		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			03/01/15	03/01/16	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
_	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	S	1,000,000
Α	Leased/Rented Eqpt			o) (4)	03/01/15	03/01/16	Limit		80,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Contract #GS-04P-10-EX-C-0069 - Renovation of Social Security Administration
Offices / Gene Snyder Courthouse, Louisville, KY.Grot, Inc., GSA & Cox Allen
& Associates, Architects & Consultants are Additional Insureds in respect to
General Liability, subject to the attached form, CGL 088 07/10, if required
by written contract.

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	_				_	_	_								

General Services Admin. Small Projects Branch 4PQP Contracting Offcr/Wylene Bell 77 Forsyth Street, T - 8 Atlanta, GA 30303

#### CANCELLATION

**GROTINC** 

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

(b

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Client#: 1382290 64VALIACON

#### $ACORD_{\scriptscriptstyle{\mathbb{M}}}$

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/12/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

· · · · · · · · · · · · · · · · · · ·								
PRODUCER	CONTACT NAME:							
BB&T Insurance Services, Inc.	PHONE (A/C, No, Ext): 502 489-5900	FAX (A/C, No): 866 881-2185						
2600 Eastpoint Parkway (40223)	E-MAIL ADDRESS:							
P O Box 436869	INSURER(S) AFFORDING COVERAG		#					
Louisville, KY 40253	INSURER A: Amerisure Mutual Insurance Co.	. 23396						
INSURED Valiant Company in 11.0	INSURER B:							
Valiant Construction LLC 4229 Bardstown Rd., Ste 206	INSURER C:							
•	INSURER D:							
Louisville, KY 40218	INSURER E:							
	INSURER F:							

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	GENERAL LIABILITY			(b) (4)	02/01/2015	02/01/2016	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000		
	CLAIMS-MADE X OCCUR		-				MED EXP (Any one person)	\$10,000		
							PERSONAL & ADV INJURY	\$1,000,000		
							GENERAL AGGREGATE	\$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000		
	POLICY PRO- JECT LOC							\$		
Α	AUTOMOBILE LIABILITY			(b) (4)	02/01/2015	02/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	X ANY AUTO						BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								\$		
Α	X UMBRELLA LIAB X OCCUR			(b) (4)	02/01/2015	02/01/2016	EACH OCCURRENCE	\$2,000,000		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000		
	DED X RETENTION \$0							\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			(b) (4)	02/01/2015	02/01/2016	X WC STATU- TORY LIMITS OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$1,000,000		
	(Mandatory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000		
Α	Leased-Rented Eqp			(b) (4)	02/01/2015	02/01/2016	116 \$300,000 Limit			
							\$500 Deductible			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Project Name: Historic Chimney Repair and Lightwell Faade

Project Location: Gene Snyder U.S. Customs and Courthouse, Louisville, KY

Project Contract Number: GS-04P-15-EX-C-0020 Owner Project Number (if available): RKY00113 Requisition/Purchase Request No. 4PC1N-15-0036A

Valiant Reference Number: V-15-003

CERTIFICATE HOLDER	CANCELLATION
GSA, PBS, Acquision Division Small Projects Branch (4PQP) 77 Forsyth Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Atlanta, GA 30303	AUTHORIZED REPRESENTATIVE
(b)	(6)



#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## CONTRACTOR'S BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

All of the terms, provisions, exclusions, and limitations of the coverage form apply except as specifically stated below.

Policy Number GL20720760502	Agency Number "Refer to Certificate Attached"	Policy Effective Date 02/01/2015				
Policy Expiration/Cancellation Date 02/01/2016	<b>Date</b> 3/12/2015	Account Number "Refer to Certificate Attached"				
Named Insured Valiant Construction LLC	Agency BB&T Insurance Services, Inc.	Issuing Company "Refer to Certificate Attached"				

- 1. SECTION II WHO IS AN INSURED is amended to add as an insured any person or organization:
  - **a.** Whom you are required to add as an additional insured on this policy under a written contract or written agreement relating to your business; or
  - b. Who is named as an additional insured under this policy on a certificate of insurance.

However, the written contract, written agreement or certificate of insurance must require additional insured status for a time period during the term of this policy and be executed prior to the "bodily injury", "property damage", or "personal and advertising injury" giving rise to a claim under this policy.

If, however, "your work" was commenced under a letter of intent or work order, subject to a subsequent reduction to writing within 30 days from such commencement and with customers whose customary contracts require they be named as additional insureds, we will provide additional insured status as specified in this endorsement.

#### 2. SECTION II - WHO IS AN INSURED is amended to add the following:

If the additional insured is:

- **a.** An individual, their spouse is also an additional insured.
- **b.** A partnership or joint venture, members, partners, and their spouses are also additional insureds.
- **c.** A limited liability company, members and managers are also additional insureds.
- **d.** An organization other than a partnership, joint venture or limited liability company, executive officers and directors of the organization are also additional insureds. Stockholders are also additional insureds, but only with respect to their liability as stockholders.
- A trust, trustees are also insureds, but only with respect to their duties as trustees.
- 3. The insurance provided to the additional insured under this endorsement is limited as follows:
  - a. That person or organization is only an additional insured with respect to liability arising out of:
    - (1) Premises you own, rent, lease, or occupy; or
    - (2) Your ongoing operations, unless the written contract, written agreement or certificate of insurance also requires completed operations coverage (or wording to the same effect), in which case the coverage provided shall extend to your completed operations for that additional insured.

Premises, as respects this provision, shall include common or public areas about such premises if so required in the written contract or written agreement.

Ongoing operations, as respects this provision, does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work including materials, parts or equipment furnished in connection with such work on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- **(b)** That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- b. The limits of insurance applicable to the additional insured are the least of those specified in the:
  - (1) Written contract or written agreement;
  - (2) Certificate of insurance; or
  - (3) Declarations of this policy.

The limits of insurance applicable to the additional insured are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- **c.** The additional insured status provided by this endorsement does not extend beyond the expiration or termination of a premises lease or rental agreement nor beyond the term of this policy.
- d. If a written contract, written agreement or certificate of insurance as outlined above requires that additional insured status be provided by the use of CG 20 10 11 85, then the terms of that endorsement, which are shown below, are incorporated into this endorsement as respects such additional insured, to the extent that such terms do not restrict coverage otherwise provided by this endorsement:

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

# COMMERCIAL GENERAL LIABILITY COVERAGE PART. SCHEDULE

Name of Person or Organization: Blanket Where Required by Written Contract, Agreement, or Certificate of Insurance that the terms of CG 20 10 11 85 apply

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "vour work" for that insured by or for you.

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#### CG 20 10 11 85

- **e.** The insurance provided to the additional insured does not apply to "bodily injury", "property damage", or "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of or failure to render any professional services including but not limited to:
  - (1) The preparing, approving, or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, design specifications; and
  - (2) Supervisory, inspection, or engineering services.

- f. SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS, paragraph 4. Other Insurance is deleted and replaced with the following:
  - 4. Other Insurance.

Any coverage provided in this endorsement is excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent, or on any other basis unless the written contract, written agreement, or certificate of insurance requires that this insurance be primary, in which case this insurance will be primary without contribution from such other insurance available to the additional insured.



#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# KENTUCKY ADVANTAGE COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the

#### **BUSINESS AUTO COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The premium for this endorsement is \$ \$150.00

#### BROAD FORM INSURED

Section II - LIABILITY COVERAGE A.1. WHO IS AN INSURED is amended by the addition of the following:

- **d.** Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or a majority interest, will qualify as a Named Insured. However.
  - (1) Coverage under this provision is afforded only the end of the policy period, whichever is earlier; and
  - (2) Coverage does not apply to "accidents" or "loss" that occurred before you acquired or formed the organization; and
  - (3) Coverage does not apply to an organization that is an "insured" under any other policy or would be an "insured" but for its termination or the exhausting of its limit of insurance.
- e. Any "employee" of yours using:
  - (1) A covered "auto" you do not own, hire or borrow, or a covered "auto" not owned by the "employee" or a member of his or her household, while performing duties related to the conduct of your business or your personal affairs; or
  - (2) An "auto" hired or rented under a contract or agreement in that "employee's" name, with your permission, while performing duties related to the conduct of your business. However, your "employee" does not qualify as an insured under this paragraph (2) while using a covered "auto" rented from you or from any member of the "employee's" household.
- **f.** Your members, if you are a limited liability company, while using a covered "auto" you do not own, hire, or borrow, while performing duties related to the conduct of your business or your personal affairs.
- **g.** Any person or organization with whom you agree in a written contract, written agreement or permit, to provide insurance such as is afforded under this policy, but only with respect to your covered "autos".

This provision does not apply:

- (1) Unless the written contract or agreement is executed or the permit is issued prior to the "bodily injury" or "property damage";
- (2) To any person or organization included as an insured by an endorsement or in the Declarations; or
- (3) To any lessor of "autos" unless:
  - (a) The lease agreement requires you to provide direct primary insurance for the lessor;
  - (b) The "auto" is leased without a driver; and
  - (c) The lease had not expired.

Leased "autos" covered under this provision will be considered covered "autos" you own and not covered "autos" you hire.

 Any legally incorporated organization or subsidiary in which you own more than 50% of the voting stock on the effective date of this endorsement.

This provision does not apply to "bodily injury" or "property damage" for which an "insured" is also an insured under any other automobile policy or would be an insured under such a policy, but for its termination or the exhaustion of its limits of insurance, unless such policy was written to apply specifically in excess of this policy.

# 2. COVERAGE EXTENSIONS - SUPPLEMENTARY PAYMENTS

Section II - LIABILITY COVERAGE, A.2.a. Supplementary Payments, paragraphs (2) and (4) are deleted and replaced with the following:

- (2) Up to \$2500 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

# 3. AMENDED FELLOW EMPLOYEE EXCLUSION

**SECTION II - LIABILITY COVERAGE, B. EXCLUSIONS,** paragraph **5. Fellow Employee** is deleted and replaced by the following:

#### Fellow Employee

"Bodily injury" to:

- 1. Any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business. However, this exclusion does not apply to your "employees" that are officers, managers, supervisors or above. Coverage is excess over any other collectible insurance.
- **2.** The spouse, child, parent, brother or sister of that fellow "employee" as a consequence of paragraph **a.** above.

# 4. HIRED AUTO PHYSICAL DAMAGE COVERAGE AND LOSS OF USE EXPENSE

A. Under SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE, the following is added:

If any of your owned covered "autos" are covered for Physical Damage, we will provide Physical Damage coverage to "autos" that you or your "employees" hire or borrow, under your name or the "employee's" name, for the purpose of doing your work. We will provide coverage equal to the broadest physical damage coverage applicable to any covered "auto" shown in the Declarations, Item Three, Schedule of Covered Autos You Own, or on any endorsements amending this schedule. No deductible applies to "loss" caused by fire or lightning.

B. Under SECTION III - PHYSICAL DAMAGE COVERAGE, A.4. COVERAGE EXTENSIONS, paragraph b. Loss of Use Expenses is deleted and replaced with the following:

## b. Loss Of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver, under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision, only if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes of Loss, only if the Declarations indicate that Specified Causes Of Loss Coverage is provided for any covered "auto"; or
- (3) Collision, only if the Declarations indicate that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$30 per day, to a maximum of \$2,000.

- C. Under SECTION IV BUSINESS AUTO CONDITIONS, paragraph 5.b. Other Insurance is deleted and replaced by the following:
  - **b.** For Hired Auto Physical Damage Coverage, the following are deemed to be covered "autos" you own:
    - 1. Any covered "auto" you lease, hire, rent or borrow; and
    - 2. Any covered "auto" hired or rented by your "employee" under a contract in that individual "employee's" name, with your permission, while performing duties related to the conduct of your business.

However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto," nor is any "auto" you hire from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.

#### 5. LOAN OR LEASE GAP COVERAGE

Under SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE, the following is added:

If a covered "auto" is owned or leased and if we provide Physical Damage Coverage on it, we will pay, in the event of a covered total "loss", any unpaid amount due on the lease or loan for a covered "auto", less:

- (a) The amount paid under the Physical Damage Coverage Section of the policy; and
- **(b)** Any:
  - (1) Overdue lease or loan payments including penalties, interest or other charges resulting from overdue payments at the time of the loss;
  - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
  - (3) Costs for extended warranties, credit life insurance, health, accident or disability insurance purchased with the loan or lease;
  - (4) Security deposits not refunded by a lessor; and
  - (5) Carry-over balances from previous loans or leases.

#### 6. RENTAL REIMBURSEMENT

**SECTION III - PHYSICAL DAMAGE COVERAGE, A. COVERAGE**, paragraph **4. Coverage Extensions** is deleted and replaced by the following:

#### 4. Coverage Extensions

- (a) We will pay up to \$75 per day to a maximum of \$2,000 for transportation expense incurred by you because of covered "loss." We will pay only for those covered "autos" for which you carry Collision Coverage or either Comprehensive Coverage or Specified Causes of Loss Coverage. We will pay for transportation expenses incurred during the period beginning 24 hours after the covered "loss" and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss". This coverage is in addition to the otherwise applicable coverage you have on a covered "auto". No deductibles apply to this coverage.
- **(b)** This coverage does not apply while there is a spare or reserve "auto" available to you for your operation.

#### 7. AIRBAG COVERAGE

SECTION III - PHYSICAL DAMAGE, B. EXCLUSIONS, Paragraph 3. is deleted and replaced by the following:

We will not pay for "loss" caused by or resulting from any of the following unless caused by other "loss" that is covered by this insurance:

**a.** Wear and tear, freezing, mechanical or electrical breakdown. However, this exclusion does not include the discharge of an airbag.

b. Blowouts, punctures or other road damage to tires.

#### 8. GLASS REPAIR - WAIVER OF DEDUCTIBLE

SECTION III - PHYSICAL DAMAGE COVERAGE, D. DEDUCTIBLE is amended to add the following:

No deductible applies to glass damage if the glass is repaired rather than replaced.

# 9. COLLISION COVERAGE - WAIVER OF DEDUCTIBLE

SECTION III - PHYSICAL DAMAGE COVERAGE, D. DEDUCTIBLE is amended to add the following:

When there is a "loss" to your covered "auto" insured for Collision Coverage, no deductible will apply if the "loss" was caused by a collision with another "auto" insured by us.

#### 10. KNOWLEDGE OF ACCIDENT

SECTION IV - BUSINESS AUTO CONDITIONS, A. LOSS CONDITIONS, 2. DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS, paragraph a. is deleted and replaced by the following:

- a. You must see to it that we are notified as soon as practicable of an "accident", claim, "suit" or "loss". Knowledge of an "accident", claim, "suit" or "loss" by your "employees" shall not, in itself, constitute knowledge to you unless one of your partners, executive officers, directors, managers, or members (if you are a limited liability company) has knowledge of the "accident", claim, "suit" or "loss". Notice should include:
  - (1) How, when and where the "accident" or "loss" occurred:
  - (2) The "insured's" name and address; and
  - (3) To the extent possible, the names and addresses of any injured persons and witnesses.

# 11. TRANSFER OF RIGHTS (BLANKET WAIVER OF SUBROGATION)

SECTION IV - BUSINESS AUTO CONDITIONS A.5. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US is deleted and replaced by the following:

If any person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them. However, if the insured has waived rights to recover through a written contract, or if your work was commenced under a letter of intent or work order, subject to a subsequent reduction in writing with customers whose customary contracts require a waiver, we waive any right of recovery we may have under this Coverage Form.

# 12. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

SECTION IV - BUSINESS AUTO CONDITIONS, B. GENERAL CONDITIONS, 2. CONCEALMENT, MISREPRESENTATION OR FRAUD is amended by the addition of the following:

We will not deny coverage under this Coverage Form if you unintentionally fail to disclose all hazards existing as of the inception date of this policy. You must report to us any knowledge of an error or omission in your representations as soon as practicable after its discovery. This provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

# 13. BLANKET COVERAGE FOR CERTAIN OPERATIONS IN CONNECTION WITH RAILROADS

When required by written contract or written agreement, the definition of "insured contract" is amended as follows:

The exception contained in paragraph **H.3.** relating to construction or demolition operations on or within 50 feet of a railroad; and

Paragraph H.a.

are deleted with respect to the use of a covered "auto" in operations for, or affecting, a railroad.

lob Sene Snyder USCH Holding Cells 501 West Broadway Louisville, KY 40202 Contractor
Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer
David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005 Week Ending: 1/31/2015

- Deductions --

Local Fed. Gross Pav Hours Worked This Job -----Soc Sec No. 01/31 01/25 01/30 Pav This Job Class 01/2601/27 01/28 01/29 Tot Rate All Jobs Mon Tue Wed Thu Fri Sat Sun Mar Exemp. Name \_\_\_\_\_\_\_ \_\_\_\_\_\_ 0.000 1179.20 8.000 8.000 8.000 0.000 40,000 29.480 V 8.000 8.000 lustin A Titus +14.370FR Electrician 0.000 0.000 0.000 1179.20 0.000 0.000 0.0000.000 0.000 D O: 0.000 +0.000FR 40hrs Fringe Rate Amount 16.220 **✓** 648.80 8.000 0.000 0.000 40.000 8.000 8.000 8.000 Shad T Sivori R: 8.000 +14.370FR 0.000 0.000 0.000 648.80 0.000 0.000 0.000 0.000 0.000 O: 0.000 40hrs +0.000FR PWFRG VAC-HOLL Total Fringe Rate Amount Hours Pay. Regular 80.000 1.828.00

80 total hours worked

0.000

80.000

0.00

1,828.00

Overtime

#### Certified Payroll Register

Page: 2

<u>lob</u> Gene Snyder USCH Holding Cells 501 West Broadway Louisville, KY 40202 Contractor
Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer
David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005 Week Ending: 1/31/2015

I, Rebecca Reynolds, Payroll Clerk, do hereby state:

(1.) That I pay or supervise the payment to the persons employed by Marrs Electric Inc on the Gene Snyder USCH Holding Cells that during the payroll period commencing on 1/25/2015 and ending 1/31/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Marrs Electric Inc from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat. 108, Stat. 967; 76 Stat. 357; 40 U.S.C. 267c), and described below:

FICA, Local Tax W/H, Fed W/H, 401K, State, and Insurance

- (2.) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3.) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4.) That:

(a) NHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS. In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b)□WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section (c) below.

(c) EXCEPTIONS

(Craft) Exception□□□n □□□Explanation

<u>lob</u> Gene Snyder USCH Holding Cells 501 West Broadway ouisville, KY 40202

Contractor Marrs Electric Inc 140 Outer Loop Louisville, KY 40214

Name & Title: Rebecca Reynolds, Payroll Clerk

Customer

David Construction

1330 W.Breckinridge Street

Job Number: 2015005 Week Ending: 1/31/2015

Signature

lob Gene Snyder USCH Holding Cells 501 West Broadway Louisville, KY 40202

Contractor Marrs Electric Inc 140 Outer Loop Louisville, KY 40214

Customer David Construction 1330 W. Breckinridge Street Louisville, KY 40210

Job Number: 2015005 Week Ending: 1/24/2015

Louisville, KY 40202	Lo	ouisville,	, KY 402	14			Louisville	, KY 402	.10				Deductions
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lob Gene Snyder USCH Holding Cells 501 West Broadway ouisville, KY 40202

Contractor Marrs Electric Inc. 140 Outer Loop Louisville, KY 40214 Customer David Construction 1330 W.Breckinridge Street Louisville, KY 40210

Joh Number: 2015005 Week Ending: 1/24/2015

I. Rebecca Revnolds, Pavroll Clerk, do hereby state:

(1.) That I pay or supervise the payment to the persons employed by Marrs Electric Inc on the Gene Snyder USCH Holding Cells that during the payroll period commencing on 1/18/2015 and ending 1/24/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Marrs Electric Inc from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat. 108, Stat. 967; 76 Stat. 357; 40 U.S.C. 267c), and described below:

FICA, Local Tax W/H. Fed W/H, 401K. State, and Insurance

- (2.) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3.) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4.分刊hat:

- (a)0 WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS. In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.
- (b) ■WHERE FRINGE BENEFITS ARE PAID IN CASH Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section (c) below.

(c)C EXCEPTIONS (Craft) Exception ☐ ☐ ☐ ☐ ☐ ☐ Explanation <u>lob</u> Gene Snyder USCH Holding Cells 501 West Broadway \_ouisville, KY 40202 Contractor Marrs Electric Inc 140 Outer Loop Louisville, KY 40214 Customer
David Construction
1330 W.Breckinridge Street
Louisvill

Job Number: 2015005 Week Ending: 1/24/2015

Name & Title: Rebecca Reynolds, Payroll Clerk

Signature

lob Sene Snyder USCH Holding Cells 501 West Broadway Louisville, KY 40202 Contractor
Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer
David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005 Week Ending: 1/17/2015

-- Deductions --

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<u>Job</u> Gene Snyder USCH Holding Cells 501 West Broadway Louisville, KY 40202 Contractor Marrs Electric Inc 140 Outer Loop Louisville, KY 40214 Customer
David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005 Week Ending: 1/17/2015

# I, Rebecca Reynolds, Payroll Clerk, do hereby state:

(1.) That I pay or supervise the payment to the persons employed by Marrs Electric Inc on the Gene Snyder USCH Holding Cells that during the payroll period commencing on 1/11/2015 and ending 1/17/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Marrs Electric Inc from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat. 108, Stat. 967; 76 Stat. 357; 40 U.S.C. 267c), and described below:

FICA, Local Tax W/H, Fed W/H, 401K, State, and Insurance

- (2.) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3.) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(a)0 WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS.

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount each laborer or mechanic listed in the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section (c) below.

(c)□EXCEPTIONS
(Craft) Exception□□□□□□□Explanation

Gene Snyder USCH Holding Cells 501 West Broadway Louisville, KY 40202

Contractor Marrs Electric Inc 140 Outer Loop Louisville, KY 40214 Customer David Construction 1330 W Breckinridge Street

Job Number: 2015005 Week Ending: 1/17/2015

Signatu

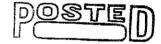
Name & Title: Rebecca Reynolds, Payroll Clerk

<u>Job</u> Gene Snyder USCH Holding Cells 601 West Broadway Louisville, KY 40202 Contractor Marrs Electric Inc 140 Outer Loop Louisville, KY 40214 Customer
David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005 Week Ending: 1/10/2015

-- Deductions --

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## Page: 2

#### Certified Payroll Register

lob Gene Snyder USCH Holding Cells 501 West Broadway \_ouisville, KY 40202

Contractor Marrs Electric Inc. 140 Outer Loop Louisville, KY 40214 Customer David Construction 1330 W.Breckinridge Street Louisville, KY 40210

Job Number: 2015005 Week Ending: 1/10/2015

I. Rebecca Reynolds, Payroll Clerk, do hereby state:

(1.) That I pay or supervise the payment to the persons employed by Marrs Electric Inc on the Gene Snyder USCH Holding Cells that during the payroll period commencing on 1/4/2015 and ending 1/10/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Marrs Electric Inc from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat. 108, Stat. 967; 76 Stat. 357; 40 U.S.C. 267c), and described below:

FICA, Local Tax W/H, Fed W/H, 401K, State, and Insurance

- (2.) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3.) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4:1) That:

(a)0 WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS. In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) □WHERE FRINGE BENEFITS ARE PAID IN CASH Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section (c) below.

**EXCEPTIONS** (Craft) Exception□□□n □□□Explanation Sene Snyder USCH Holding Cells 301 West Broadway Jouisville, KY 40202 Contractor
Marrs Electric Inc
140 Outer Loop
Louisville, KY 40214

Customer
David Construction
1330 W.Breckinridge Street
Louisville KY 40210

Job Number: 2015005 Week Ending: 1/10/2015

rk

Signature

Name & Title: Rebecca Reynolds, Payroll Clerk

Job Contractor Customer Gene Snyder USCH Holding Cells Marrs Electric Inc. David Construction Job Number: 2015005 140 Outer Loop 1330 W.Breckinridge Street Week Ending: 1/3/2015 501 West Broadway \_ouisville, KY 40202 Louisville, KY 40210 Louisville, KY 40214 -- Deductions --Fed. Local Soc Sec No. -- Hours Worked This Job -----Gross Pay Fica Other Check # Class 12/30 12/31 01/01 01/02 01/03 12/28 Pav This Job Med 12/29 Thu Tue Wed Fri Sat Rate All Jobs State Net Pav Vame Mar Exemp. Mon Sun Tot Total \_\_\_\_\_\_ R: 10.000 10.000 Justin A Titus 10.000 0.000 0.000 0.000 0:000 30.000 29.480 884.40 +14.370FR Electrician O: 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 884.40 +0.000FR 30hrs AD&D LIFE **PWFRG** STD VAC-HOLT Total Fringe 15.000 ~ 450.00 0.000 0.000 0.000 0.000 30.000 Shad T Sivori 10.000 10.000 10.000 +14.370FR 0.000 450.00 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 +0.000FR 30hrs DIMEDIC MACHOLT Fringe Rate Amount Hours Pay 60.000 1.334.40 Regular 0.000 Overtime 0.00 1,334.40 60.000 60 total hours worked

<u>lob</u> Sene Snyder USCH Holding Cells 50.1 West Broadway Louisville, KY 40202 Contractor Marrs Electric Inc 140 Outer Loop Louisville, KY 40214

Customer
David Construction
1330 W.Breckinridge Street
Louisville, KY 40210

Job Number: 2015005 Week Ending: 1/3/2015

I, Rebecca Reynolds, Payroll Clerk, do hereby state:

(1.) That I pay or supervise the payment to the persons employed by Marrs Electric Inc on the Gene Snyder USCH Holding Cells that during the payroll period commencing on 12/28/2014 and ending 1/3/2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Marrs Electric Inc from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948.63 Stat. 108, Stat. 967; 76 Stat. 357; 40 U.S.C. 267c), and described below:

FICA, Local Tax W/H, Fed W/H, 401K, State, and Insurance

- (2.) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3.) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4.) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS. In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) ☐ WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section (c) below.

(c) EXCEPTIONS	
(Craft) Exception□□C □□□□Explanation	

Gene Snyder USCH Holding Cells 501 West Broadway \_ouisville, KY 40202

Contractor

Marrs Electric Inc 140 Outer Loop Louisville, KY 40214

Name & Title: Rebecca Reynolds, Payroll Clerk

Customer

David Construction

1330 W.Breckinridge Street

Louisville (b) (6)

Signature \_

Job Number: 2015005

Week Ending: 1/3/2015

# PAYROLL (FOR CONTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR X	OR SUBCONTR	RACTOR									ADDRI	ESS 12	43 1111011110							
WYCLIFFE ENTERPRISES IN			669	P							ADDRESS 1341 HUGHES FORD ROAD STE 101 FREDERICK MD 21701									
PAYROLL NO.		PERIOD	BEGI	IN 02/	15/20	15 PE	CRIOD E	END 02	2/21/20	015	PROJE	CT AND	LOCATION ER COUF	N RTHOUSE	E- CARPE	PROJECT REPLA	CT OR CO	NTRACT I	NO. P0415EX	5064
(1)	(2)	(3)				(4) [	DAY AN	D DATE	E		(5)	(6)	(7)			(8)				(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g.,	NO. OF	WORK		Sun	Mon	Tue	Wed	Thu	Fri	Sat	TOTAL	RATE	GROSS			DEDÚCTI	ONS	1		CHECK NO.
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	WITHHOLDING EXEMPTIONS	CATION		15	16	HOURS	18 S WORI	19 <b>(ED EA</b>	20 CH DA	21 <b>Y</b>	HOURS OF PAY WEEK	FICA	FED W/H	STATE TAXES	OTHER	OTHER	TOTAL	NET WAGES PAID FOR WEEK		
RINKER, STEPHEN		CARPE	NTE	R										(b) (6						PUR WEEK
o) (6)			s				6.00	6.00	8.00		20.00	<b>XXXX</b> 38.34	766.80 1465.81		)					
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Date 3/18/2015	
DIANA RICHARDSON	ACCOUNTANT
(Name of signatory party)	(Title)
do hereby state:	
(1) That I pay or supervise the payment of the p	ersons employed by WYCLIFFE
ENTERPRISES, INC.	NYDER CTHSE- CARPET REPLACEMENT
(Contractor or subcontractor)	(Building or work)
ROOM 239 ; that during the payroll pe	eriod commencing on the ZXXX 15TH
day of FEBRUARY year 2015 and ending th	e 21ST day of FEBRUARY year 2015
all persons employed on said project have been paid the have been or will be made either directly or indirectly to	e full weekly wages earned, that no rebates
WYCLIFFE ENTERPRISES, INC.	
(Contractor or sub	contractor)
directly or indirectly from the full wages earned by any pe as defined in Regulations, Part 3 (29 CFR Subtitle A), iss Copeland Act, as amended (48 Stat. 948,63 Stat. 108, 7. and described below:	2 Stat. 967;76 Stat. 357;40 U.S.C. 276c),
(2) That any payrolls otherwise under this contract period are correct and complete; that the wage rates for lare not less than the applicable wage rates contained in a not the contract; that the classifications set forth therin fowith the work he performed.  (3) That any apprentices employed in the above proprenticeship program registered with a State apprentice of Apprenticeship and Training, United States Department gency exists in a State, are registered with the Bureau of tates Department of Labor.	aborers or mechanics contained therein any wage determination incorporated reach laborer or mechanic conform  eriod are duly registered in a bona fide eship agency recognized by the Bureau to fel along or if no such recognized.
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO	APPROVED PLANS, FUNDS, OR PROGRAMS
- In addition to the basic hourly wage rates the above referenced payroll, payments o have been or will be made to appropriate except as noted in Section 4(c) below.	paid to each laborer or mechanic listed in fringe benefits as listed in the contract programs for the benefit of such employees,

#### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

X - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

#### (c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

DIANA RICHARDSON

(b) (6

ACCOUNTANT

THE WILLFUL FALSIFICATION OF ANY OF TI SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTIO 231 OF TITLE 31 OF THE UNITED STATES CODE.

# PAYROLL (FOR CONTRACTOR'S OPTIONAL USE)

NAME OF CONTRACTOR X (			669	P							ADDRE		41 HUGHES		AD STE 10	1				
PAYROLL NO.		PERIOD			/22/20	15 PI	ERIOD	END 02	2/28/20	015	PROJE GENE	CT AND SNYDE	LOCATION ER COUR		E-CARPE	PROJECT REPLAG	CT OR CO	NTRACT N 39 GSP	10. 0415EX50	 )64
(1) NAME AND INDIVIDUAL	(2)	(3)	Τ			(4)	DAY A	ID DAT	E.		LOUIS (5)	(6)	(7)			(8)				(9)
IDENTIFYING NUMBER (e.g.	NO. OF WITHHOLDING	WORK CLASSIFI CATION	-	Sun 22	Mon 23	24	Wed 25	Thu 26	Fri 27	Sat 28	TOTAL	RATE OF PAY	GROSS PROJ. WEEK	FICA	FED W/H	STATE TAXES	OTHER	OTHER	TOTAL	NET WAGES
RINKER, STEPHEN  (6)		CARPEN	TEF			HOUR	3 WOR	KED EA	CHBA			XXXX	345.06	(b) (6)		ITALE				FOR WEEK
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O = Overtime S = Straight Time

Date3/158/2015	_	
, DIANA RICHARDSON	ACCOUNTANT	(b) WHERE FRINGE BENEFITS AR
(Name of signatory party)	(Title)	
do hereby state:		X - Each laborer or mechanic listed
(1) That I pay or supervise the payment of the	he persons employed by WYCLIFFE	indicated on the payroll, an amount hourly wage rate plus the amount
ENTEDDDICES INC		contract, except as noted in Sec
(Contractor or subcontractor)	e SNYDER CTSE - CARPET REPLACEMENT (Building or work)	(c) EXCEPTIONS
POOM 220		(c) EXCEPTIONS
; that during the payr	oll period commencing on the 22ND	
day of FEBRUARY year 2015 and endir	ng the <u>28TH</u> day of <u>FEBRUARY</u> year 2015	EXCEPTION (CRAFT)
all persons employed on said project have been pai have been or will be made either directly or indirectly	d the full weekly wages earned, that no rebates	
have been or will be made either directly or indirectly	y to or on behalf of said	
WYCLIFFE ENTERPRISES, INC.		
(Contractor o	r subcontractor)	
from the full weekly wages earned by any person ar directly or indirectly from the full wages earned by a	nd that no deductions have been made either	
as defined in Regulations, Part 3 (29 CFR Subtitle A Copeland Act, as amended (48 Stat. 948,63 Stat. 10	), issued by the Secretary of Labor under the	
and described below:	56, 72 Stat. 967,76 Stat. 357,40 U.S.C. 2760),	
		- 1
		-
		-
(2) That any payrolls otherwise under this coperiod are correct and complete; that the wage rates	ntract required to be submitted for the above	
are not less than the applicable wage rates contained	d in any wage determination incorporated	REMARKS
into the contract; that the classifications set forth then with the work he performed.	in for each laborer or mechanic conform	
(3) That any apprentices employed in the aboapprenticeship program registered with a State apprenticeship and Training, United States Departments of Apprenticeship and Training, United States Departments of the Apprenticeship and Training.	ove period are duly registered in a bona fide	
of Apprenticeship and Training, United States Departagency exists in a State, are registered with the Bure	then of Labor, or if no such recognized by the Bulleau	
States Department of Labor.	ad of Apprenticeship and Training, Onlied	
(A) =		
(4) That:		NAME AND TITLE
(a) WHERE FRINGE BENEFITS ARE PAI	D TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE DIANA RICHARDSON
- In addition to the basic hourly wage r	rates paid to each laborar or machanic lists dis	LACCOUNTANT
the above referenced payroll, paymen	ates paid to each laborer or mechanic listed in nts of fringe benefits as listed in the contract	THE WILLFUL FALSIFICATION OF ANY OF THE
except as noted in Section 4(c) below	riate programs for the benefit of such employees,	SUBCONTRACTOR TO CIVIL OR CRIMINAL F 231 OF TITLE 31 OF THE UNITED STATES CO

#### E PAID IN CASH

d in the above referenced payroll has been paid, as ount not less than the sum of the applicable basic unt of the required fringe benefits as listed in the ction 4(c) below.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION ODE.

**-**15-03-09 08:14

GS-P-04-15-EX-5064

1C. 100

	137008
STATEMENT TO WHEN WORK IS PERF	DE SUBMITTED STATE  ORMED PERSONALLY  ORMED PERSONALLY
NAME OF SIGNATORY PARTY	ITITLE OF SIGNATORY PARTY
( HAP ITE (TARMOD)	OWALT
HAP LOTE (SABARA)  NAME OF FIRM SUBMITTING STATEMENT	TYPE OF CONTRACTOR
Capital CEM PARITIME	☐ PRIME SUBCONTRACTOR
Painting	NAME OF BUILDING WHERE WORK WAS DONE  SN1DOL COULT HUSE USDC RM 239  LOCATION OF BUILDING (City and State)  LOUTSUTLLE, KY  CONTRACT NUMBER
NAME OF PERSON(S) PERFORMING WORK	CONNECTION WITH THE FIRM
CHARLER GARAGE	OWNER
ANGIE GABBARS	ovnet
I certify that the above information is true; that no wage were employed in the prosecution thereof; and that the	as were received for the labor performed; that no mechanics or laborers work was done during the period mentioned below.
SIGN/(b) (6)	LAST DATE ON WHICH WORK WAS PERFORMED AT THE SITE  2.2-15  THE OF SIGNER
personal distribution of the second s	OUNER
0 4 4004 6000 40 64 114 10 10	

Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedures) shall apply to such statements - 72 Stat. 967, 18 U.S.C. 1001, among other things, provides that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

### INSTRUCTIONS FOR THE SUBMISSION OF STATEMENTS OF WORK PERFORMED PERSONALLY

- Prime contractors or subcontractors who personally perform the work are required to submit in lieu of weekly statements of compliance and payrolls with respect to the payment of wages pursuant to the Copeland (Anti-Kickback) regulations, a certified statement clearly wing: (1) their contractual relationship, (2) the scope and dates of the work performed, (3) that they received no wages, and (3) that no mechanics or laborers were employed in the prosecution of the work. The above form sets forth the wording prescribed for such certified statements.
- Prime contractors are responsible for the submission of the certified statements of subcontractors. Subcontractors' statements should be forwarded to the plime contractor for transmission to the Government contracting officer or his/her designated representative. Statements of prime contractors and subcontractors should be submitted as soon as possible after the last date on which work was performed at the site.
- To facilitate identification of the project involved, prime contractors should provide their subcontractors with the Government contract number as called for on the statement form. 3.
- Prime contractors should furnish their subcontractors with copies of this statement form so as to facilitate submission of the necessary information,

GENERAL SERVICES ADMINISTRATION

GSA FORM 618D (REV. 1/2002)

WYCLIFFE ENTERPRISES INC 1341 HUGHES FORD ROAD SUITE 100 FREDERICK, MD 21701

PO Number : FEDERAL COURT HOUSE

Weekending: 02/22/15

TRADESMEN EMPLOYEE RINKER, WILLIAM

LANHAM, STEVEN

SNOW, RICHARD

<u>CLASSIFICATION</u>

CARPENTER CARPENTER CARPENTER

### Weekly Payroll

Name and Address Tradesme of Employer: 9760 She	n International. pard Road. Macedo	LLC onia, (	Ohio 44	4056-112	4						Phone (440)	349-340	32	Project Name: FEDERAL COURT HOUSE					P	Project or Contract No:			
Payroll No: Initial	oll No: Thitial For Week Ending: 02/22/2015 Fax: (888) 810-4024 Project Location: 7TH AND BROADWAY LOUISVILLE, KY 40202																						
Name, Address Social Security Number and Telephone Number	Work	No. W/H	02/16	02/17 02	y and		02/21	02/22	Total		1	Hourly Cash Pay In Lieu			Amount		(Based	Deduc	tions ss Amoun	t Earned	1)	Net Wages	Check
of Employee	Classification	Екетр	Mon	Tue W	d Thu	Fri	Sat		Reg	Total	Base	Fringe	Total	This	A11	Fed	Fica	State	Local		Total	Paid For	No.
RINKER, WILLIAM S	CARPENTER			Hours !		Each I	ау		OT	Hours	Rate	Rate	Rate	Project	Projects	Tax (6)	(SocSec)	Таж	Тах	Other	Deductions	Week	
b) (6)	CARPENIER		s	8	.00				8.00	8.00	23.45	14.89	38.34	306.72	306.72	(b) (b)							
LANHAM, STEVEN D	CARPENTER		S		8.5	0 6.00			14.50	0.00	23.45	13.53	36.98	000.72	000.72	-							
b) (6)			O D							14.50				536.21	536.21								
SNOW, RICHARD E	CARPENTER		s	8	.00 9.0	0 6.00			23.00		23.45	14.89	38.34										
(b) (6)			0							23.00				881.82	881.82								
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Total Hours: 45.50

Name	and Title:	(b) (6)	Pavroll	Auditor	
	Signature:	-			

Page: 1

#### STATEMENT OF COMPLIANCE

Date: 03/17/2015

- I, Mark Krause, Payroll Auditor do hereby state:
- (1). That I pay or supervise the payment of the persons employed by Tradesmen International, LLC on the FEDERAL COURT HOUSE building or work; that during the payroll period commencing on 02/16/15 and ending on 02/22/15 all persons employed on said project by Tradesmen International, LLC, have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Tradesmen International, LLC, from the full weekly wages earned by any person employed by Tradesmen International, LLC, and that no deductions have been made either directly or indirectly from the full wages earned by any person employed by Tradesmen International, LLC, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357;40 U.S.C 3145), and described below:

- (2). That any payrolls otherwise under this contract required to be submitted by Tradesmen International, LLC, for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.
- (3). That any apprentices employed by Tradesmen International, LLC in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

- (4). That:
- (a). WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS ----- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll of Tradesmen International, LLC, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.
- (b). WHERE FRINGE BENEFITS ARE PAID IN CASH
  Each laborer or mechanic listed in the above referenced payroll of Tradesmen
  International, LLC, has been paid, as indicated on the payroll, an amount not less
  than the sum of the applicable basic hourly wage rate plus the amount of the
  required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
  - (c). EXCEPTIONS: ALL CRAFTS EXPLANATION:

Tradesmen International pays a share of the Health Care Premium, according to the following schedule, directly to Aetna US Healthcare for employees who carry Health Care insurance.

	<b>Employee Health Care Plan:</b>	<b>Employer Hourly Contribution</b>						
		Plan A	Plan B					
1. Employee		1.36/HR	1.08/HR					
2. Employee	+ 1	2.98/HR	2.31/HR					
3. Family		4.22/HR	3.29/HR					
-								

Name and Title	Signature (b) (6)
Mark Krause, Payroll Auditor	

The willfull falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See section 1001 of title 18 in section 231 of title 31 of the United States code.